FLORIDA UNIFIED CERTIFICATION PROGRAM DISADVANTAGED BUSINESS ENTERPRISE AFFIDAVIT FOR SUBMITTING INTERSTATE APPLICATIONS

Business Name:	Federa	Federal Identification No	
Business Address:			
Email:			
Telephone No.: Fax No.:	Other	Telephone No.:	
I/We the undersigned owner(s) of the above refere Business Enterprise (DBE) certification in the Stat presented herein are true and correct to the best of	e of Florida and do here		
1. All application information required by 49 C	CFR 26.85(c) is attached	, and complete.	
The facts set in the On-Site Review condu- by	cted on (name the hor	(date), ne state) remains true and cor	rect.
 An identical copy of the application, all sup my/our home state and any other informati change, any notices of changes, as well as as a DBE has been provided with this affid 	on related to this firm's of all correspondence related	certification, including affidavits	s of no
AFFIDAVIT IS SUFFICIENT CAUSE FOR DENIAL OF INITIATION OF SUSPENSION OR DEBARMENT IS ENTITY MAKING THE FALSE STATEMENT TO A PURSUANT TO APPLICATION OF SUSPENSION OR DEBARMENT IS A PURSUANT TO APPLICATION OF SUSPENSION OF SUSPE	PROCEEDINGS, AND MA	Y SUBJECT THE PERSON AND CRIMINAL PENALTIES AVAILAE	/OR
Owner 2 Signature	Printed Name & Title		
Owner 3 Signature	Printed Name & Title		
Owner 4 Signature NOTARY: STATE OF	Printed Name & Title	Date	
COUNTY OF			
Sworn to (or affirmed) and subscribed before me this _	day	20	
(NOTARY SE	AL)(Signature of Nota	ury)	
	(Name of Notary, Typed, Printed, or Seal)		
Personally, known or produced identification,	(ty	(type of identification).	