

ACKNOWLEDGMENT OF ATTESTATIONS

(To be signed and submitted by the applicant)

Do not sign until notary is present

On behalf of	, I ,
Name of Main Applicant	Name & Title of Individual Authorized to Sign on Behalf of Main Applicant
hereby swear, acknowledge, and consent to the following attest acknowledgment and consent):	stations (check all that apply to indicate the applicant's
□ Attestation 5-A: Acknowledgment & Consent to Investigation	ons, Statute & Rule Compliance
□ Attestation 5-B: Interest & Experience Attestation	
□ Attestation 5-C: Confirmation of Section 6 Compliance	
□ Attestation 5-D: Confirmation of Insurance	
is true, complete, and correct, and that no material information has Signature of Individual Authorized to Sign on Behalf of Main Applicant	Date
Subscribed and sworn to by(Authorized Individual Name)	before me on
(Autorized individual Name)	(Date)

G				
State of	, County of	Acting in the county of		_,
			(county)	(state)

My commission expires: