

## **ACKNOWLEDGMENT OF ATTESTATIONS**

(To be completed and submitted by the applicant)

Do not sign until notary is present

On behalf	f of															,
			Name	e of Entity					Name & T	itle of	f Indivi	dual Auth	orize	ed to Sign on	Behal	f of Entity
hereby sv	wear,	acknowledge,	and	consent	to	the	following	attestations	(check	all	that	apply	to	indicate	the	applicant's

acknowledgment and consent):

- Attestation A: Acknowledgment, Agreement & Consent
- □ Attestation B: Authorization to Release Information
- □ Attestation C: Verification & Affidavit of Full Disclosure (with contact designated, if applicable)
- □ Attestation D: Acknowledgment of Federal Law & Release of Liability
- □ Attestation F: Confirmation of Tax Compliance

Further, I affirm, under the penalties of perjury, that the information set forth in this application and all supporting documents is true, complete, and correct, and that no material information has been omitted.

Signature of Individual Authorized	to Sign on Behalf of Entity		Date						
Subscribed and sworn to by	(Authorized Indiv	vidual Name)	before me o	n(Date)	(Date)				
(Notary Public Signature)		(Notary)	Public Printed Name)						
State of	, County of	Acting in	n the county of	(County)	, (State)				
My commission expires:									