

AFFIDAVIT

I certify under penalty of perjury under the laws of the State of Louisiana that all statements, answers and representations in this application, including all supplementary statements attached thereto, are true and accurate to the best of my knowledge and belief and acknowledge that any purposeful false information submitted on behalf of myself and/or this applicant and verified by this signature is cause to have registration denied or revoked by the State Licensing Board for Contractors.

Please complete the appropriate section below. **TYPE** or **PRINT** all names.

Sole Proprietor

Name of Limited Liability Company

Member: _____ Member: _____

Member: _____ Member: _____

Name of Partnership

Partner: _____ Partner: _____

Partner: _____ Partner: _____

Name of Corporation

Secretary

President

State of _____ Parish or County of _____

Personally appears _____ being duly sworn, deposes and saith:

That the foregoing statements of the above-named applicant and all statements therein contained are true and correct and the answers of the foregoing are true to the best of my knowledge under penalties of perjury.

Signature of Applicant/Authorized Representative

Social Security Number

Sworn before me this _____ day of _____, _____.

Signature of Notary Public

Print Name and Address of Notary Public