



**AFFIDAVIT**

STATE OF \_\_\_\_\_ )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

I (print your name) \_\_\_\_\_ being duly sworn, deposes and says that he signed the foregoing application as (print official capacity) \_\_\_\_\_ of the above named applicant, having full authority to sign such application in said capacity; that he has read said application and that the information contained therein is true.

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_ My commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_