AFFIDAVIT OF SOCIAL AND ECONOMIC DISADVANTAGE

This form must be signed and notarized for each owner upon which disadvantaged status is relied.

SOCIAL DISADVANTAGE

I hereby certify under penalty of perjury that I am a member of one of the following groups:

- [ ] African American
- [ ] Hispanic
- [ ] Native American
- [ ] Asian Pacific
- [ ] Asian Indian
- [ ] Female
- [ ] Other Ethnic Group (explain) ____________________________________________

And that I have held myself out as a member of that group and have acted as a member of that group.

I further certify that I am an owner of the company seeking □ MBE □ WBE certification and that I have experienced social disadvantage due to the effects of discrimination based upon my (check all that apply).

- [ ] Race
- [ ] Ethnicity
- [ ] Gender
- [ ] Other (explain)

Print Name:__________________________ Signature:___________________________ Date:___________

Print Name:__________________________ Signature:___________________________ Date:___________

NOTARY CERTIFICATE

STATE OF ______________________________ } SS:
COUNTY OF ____________________________

Subscribed and sworn to before me this ____________ day of ______________________, 20____.

Printed/typed name of Notary Public ____________________________________________

Signature of Notary Public ____________________________________________

County of residence ______________________________ Date commission expires __________