



Rushern L. Baker, III
County Executive



**PRINCE GEORGE'S COUNTY
OFFICE OF CENTRAL SERVICES
SUPPLIER DEVELOPMENT & DIVERSITY DIVISION (SDDD)**

AFFIDAVIT OF CERTIFICATION

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I, _____(FULL NAME PRINTED), swear or affirm under penalty of law that I am, _____(TITLE) of applicant firm _____(FIRM NAME) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control and affiliations thereof.

Upon examination of relevant records and to the best of my knowledge, the aforementioned business entity is not delinquent in the payment of any County taxes, charges, fees, rents, and/or claims as required by Section 10A-174(A)(2) of the Prince George's County Code.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its place(s) of business and equipment, and to permit interviews of its principals, agents and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

I agree to provide written notice to the Supplier Development and Diversity Division (SDDD), *Attn: Business Analyst*; regarding any material change in the information contained in the original application **within 30 calendar days of such change (e.g. ownership, address, phone number, etc.)**.

I understand that Prince George's County may rely upon this affidavit and that if the information provided by me in this certification is false I may be subject to criminal prosecution for perjury, procurement fraud, and/or other crimes; and any contract awarded to the Business in reliance upon this Affidavit may be void or subject to termination for default. My signature attests that I declare under penalty of perjury that I am an authorized signatory of the above mentioned business, and I hereby swear that the matters stated in this affidavit are true.

Signature: _____ **Date:** _____



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CORPORATE ACKNOWLEDGEMENT

I, _____, certify that I am the _____
(Print Name) (Print Title)

of _____ and that _____
(Print Business Name) (Printed Name)

who signed the above affidavit is _____ of said entity; that I
(Print Title)

know his/her signature, and his/her signature thereto is genuine; and that the above Affidavit/Statement of ownership was duly signed, sealed and attested for in behalf of said entity by authority of its governing body. Further, under penalty of perjury I solemnly affirm that the contents of the foregoing Affidavit is true to the best of my knowledge, information and belief.

***Do not sign this Affidavit or Corporate Acknowledgement with an electronic or digital signature. The documents require an original signature that has been properly notarized. It should be submitted with a complete application including all required supporting documentation.**

NOTARY CERTIFICATE

City/County of _____

In the State of _____

The foregoing instrument was subscribed and sworn before me

This _____ day of _____, 20____.

By _____ (Legal Representative of Company)

who is properly Authorized by _____ (Name of Firm) to execute this affidavit.

Notary Signature Notary Registration # _____

My Commission expires: _____