Attachment A - Affidavit

Oregon Department of Transportation Contractor Special Prequalification Submittal Cathodic Protection Projects

Name of Applicant Firm					
Mailing Address					
Contact Person					
Telephone	Fax				
		s and conditions co		, by signature of the Contractor Specia	
AFFIDAVIT (Required)					
STATE OF)				
County of		SS.			
					
I, first sworn, state that I am		, being			
(Title of authorized individu fraudulent statements on the Prequalification, and may sul material reduction in applical submit a bid, applicant will giv submitted at least ten days peligibility of applicant to subm	e application bject me to ont's qualificative written not orion to the b	to at a hearing charges of false solutions or ability to tice of such change	rue and I ackn will result in wearing or percarry out any to the design	owledge that any fa the denial of this rjury; should there project for which a nated officer to who	Contractor Special be any subsequent applicant desires to m this application is
Original Signature of Authorized Representative				Date	
Printed name of Authorized Representative				Date	
Printed name (s) of person(s) authorized to execute bids				Date	
Printed name(s) of person(s) authorized to negotiate and sign contracts				Date	
Subscribed and sworn to before m	ne this	d	ay of	, Year	
		-	Original Notary	Public Signature	
My Comr			My Commission	ission Expires	