



Department of Administrative Services

CONTRACTOR PREQUALIFICATION PROGRAM

SIGNATURE SHEET

Company Name:

To be signed by a person who is authorized to sign and/or bind the above company.

I certify, under penalty of false statement that all of the information contained in this application and all of the attached and required documents are true and accurate to the best of my knowledge as of the date below.

I also agree to notify the Department of Administrative Services within five (5) business days of ANY material changes * to information contained in this application. I understand that failure to do so may result in the suspension and/or revoking of prequalification and loss of bidding privileges.

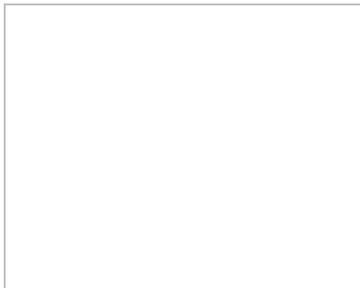
(Print Name)

(Title)

(Signature)

(Date)

Sworn and subscribed before me on this _____ day of _____, 201__



Commissioner of the Superior Court
Notary Public

Date Commission Expires: _____

* Material changes are defined as any changes to the following sections of the application: Integrity Section, Personnel Section, Financial Section.