SECTION 16: CERTIFICATION

Complete the following page in the presence of a notary public.

I hereby certify that I have personally completed and initialed each page of this form, and any supplemental pages(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

_____ _____

Signature of Applicant Date

Sworn to and subscribed before me, this _____ day of _____, _____.

(Day) (Month) (Year)

Notary public in and for, State of _____.

My commission expires: _____ / _____ / _____.

_____ _____

Printed Name of Notary Signature of Notary

Notary Seal or Stamp:

Initial this page to indicate that you have provided complete and accurate information: _____