

MIAMI-DADE COUNTY PUBLIC SCHOOLS

CONTRACTOR PREQUALIFICATION AFFIDAVIT

I hereby declare and affirm that I am the	
	(Title)
of	
	(Name of Company)
that I am duly authorized to execute the foregoing	g Contractor Prequalification Application, and that the contents
of said document(s) are complete, true and correct	t to the best of my knowledge and belief. I hereby certify that
the application and supporting documents include	any and all of the material information required to validate the
status of the company for prequalification purp	poses. Furthermore, the undersigned is aware of his/he
responsibility to notify the Office of Economic O	Opportunity within fifteen (15) business days and provide a
notarized statement whenever a change occurs i	in the ownership, management, or financial condition of the
company. Any prequalification applicant including	g its principal(s), director(s), and any affiliate, who is a party to
any misrepresentation to obtain business or contr	racts with the District, pursuant to Florida State statutes, State
administrative rules, and Board Policy shall be dec	lared delinquent and have its certificate suspended or revoked
and will be subject to debarment and any other per	nalties prescribed by the law.
(Corporate Seal)	
	Driet Name of Owner 10fficers
	Print Name of Owner/Officer
	Signature of Owner/Officer
	,
STATE OF COUNTY OF	
The foregoing instrument was acknowledged before me this	day of, 20, by
(NOTARY	
SEAL) Signature of Notary	Name of Notary
Personally Known OR Produced Identification _	Type of Identification Produced
Tersonally Known OK Produced Identification _	