



# APPLICATION AFFIDAVIT

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This form must be signed by an authorized executive officer and made under Oath.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF PREQUALIFICATION AND REVOCATION OF A PRIOR APPROVAL, 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.

## Affidavit of Applicant

STATE OF: \_\_\_\_\_ CITY/COUNTY OF: \_\_\_\_\_

I, \_\_\_\_\_ (Full legal name of authorized person printed), swear or affirm under penalty of perjury that I am \_\_\_\_\_ (title) of applicant company \_\_\_\_\_ (company's full legal name).

I further swear and/or affirm that I am a company official authorized to execute this application, any supporting documentation included with this application, and the instant affidavit. I have read and understand 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.

I recognize that the information submitted in this application is for the purpose of inducing prequalification approval by Lucas County. I understand that Lucas County 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 the named company's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named company'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 company 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 or the loss of our company's prequalification privileges.

I agree to provide written notice to Lucas County of any material change in the information contained in the original prequalification application within seven (7) business days of such change. Failure to provide timely written notice of a material change may itself constitute a material misrepresentation subject to denial, revocation, or other enforcement action.

I acknowledge and agree that Lucas County may act upon discovery of any misrepresentation, omission, or falsification at any time, including after prequalification approval, contract award, or completion of work. Lucas County reserves the right to revoke prequalification status or terminate any contract or subcontract upon such discovery, and to pursue all available civil, administrative, and criminal remedies.

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of prequalification; suspension and debarment; recovery of costs, damages, and restitution; and for initiating action under federal and/or state law concerning false statement, fraud, or other applicable offenses. Lucas County may refer matters for investigation or prosecution to the Lucas County Prosecutor's Office, the Ohio Attorney General, or any other appropriate enforcement authority.

This includes, but is not limited to, all information provided regarding workforce qualifications and compliance with Lucas County's Quality Training standards.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Printed Full Legal Name of Authorized Company Officer \_\_\_\_\_

Signature \_\_\_\_\_

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(Seal) Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_

Notary Registration Number \_\_\_\_\_