

**Uniform Certification Application
For DBE/ACDBE Program Eligibility**

For Puerto Rico Use Only:

NOTARY CERTIFICATE

Signature DBE/ACDBE Owner

Date: _____

Name Print DBE/ACDBE OWNER

AFFIDAVIT NO. _____

SWORN and subscribed before me by _____, of legal age, _____
Name marital status

_____, Resident of _____, known to me personally or
Occupation

whom I have identified by means of _____.
Indicate id. # of/government issued Id.

In _____, Puerto Rico, this _____ day of _____, 20_____.

Notary Public