

**NORTH JERSEY DISTRICT WATER SUPPLY COMMISSION  
SMALL BUSINESS ENTERPRISE ("SBE") PROGRAM AND  
DISABLED VETERAN-OWNED ("DVOB") SET-ASIDE PROGRAM  
FORM C  
AFFIDAVIT OF SBE/DVOB**

Bid Solicitation Number: \_\_\_\_\_ Project Title: \_\_\_\_\_

I, \_\_\_\_\_ (Name) HEREBY DECLARE AND AFFIRM that I am the  
\_\_\_\_\_ (Title) and duly authorized representative of the firm of  
\_\_\_\_\_ (Firm) located in the State of \_\_\_\_\_ .

Bidder acknowledges and affirms that he/she is registered and approved in good standing with the State of New Jersey, Department of the Treasury, Division of Minority & Women Business Development ("Division") as an SBE or DVOB and has been placed on the Division's small vendor list. This status must be achieved on or before the date the bids are received and opened.

**\*\*\*ATTACHED IS A COPY OF OUR SBE OR DVOB REGISTRATION CERTIFICATE.\*\*\***

**I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT, AND THAT I AM AUTHORIZED, ON BEHALF OF THE ABOVE FIRM, TO MAKE THIS AFFIDAVIT.**

Signature:

Date:

\_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me \_\_\_\_\_ (Name of Notary Public), the person described in the foregoing Affidavit acknowledged that he/she executed the same in the capacity therein stated and for the purposes therein contained.

In Witness whereof, I hereunto set my official seal.

\_\_\_\_\_  
Notary Public

(Seal)

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