Statewide Uniform Certification Program

Ethnicity Affidavit

Note: This form must be signed and notarized for each owner upon which eligibility is relied.

I hereby certify under penalty of perjury that I am a member of one of the following groups according to N.C.G.S. § 143-128.4 (b):

- [ ] Black
- [ ] Hispanic
- [ ] American Indian
- [ ] Asian American

Company Name: ______________________________________

Signature: ________________________ Date: ______________

Print Name: ______________________

NOTARY CERTIFICATE

STATE OF ____________________________________________

COUNTY OF ______________________________________

SS:

Subscribed and sworn to before me the ______________ day of __________________, 20 _______.

Signature of Notary Public __________________________

County of residence ________________________________

Date commission expires ____________________________