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 ____________________________________________

Subscribed and sworn to before me the ____________ day of ____________, 20 ___.

Signature of Notary Public _____________________________

County of residence _____________________________

Date commission expires _____________________________