CERTIFICATION OF OFFICERS/OWNERS/PARTNERS

I, the undersigned, do hereby certify that the following list includes **ALL** Officers/Owners/Partners of the Company and that each person's authority to enter into agreements/contracts with the Arkansas State Highway and Transportation Department is indicated below.

Printed Name	Title	Is this person authorized to enter into agreements? Yes	No
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

Company Name _____ Date _____

Signature (Must be Officer/Owner/Partner) _____ Title _____

Printed Name _____ Federal Employer Identification Number _____

Note: Use additional pages as needed

Return to:

Arkansas State Highway and Transportation Department
Attention: Program Management Division
Post Office Box 2261
Little Rock, AR 72203-2261 Fax: (501) 569-2623