

CERTIFICATION OF OFFICERS/OWNERS/PARTNERS

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

Is this person
authorized to enter into
agreements?

IMPORTANT: The full legal name should be listed as it appears on their drivers license.

Printed Name	Title	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
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Company Name	Date (Required)
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Signature (Must be Officer/Owner/Partner)	Title (Required)
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Printed Name	Federal Employer Identification Number
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Return to:

Arkansas Department of Transportation
Attention: Program Management Division
P.O. Box 2261
Little Rock, AR 72203-2261

E-mail: pmd@ardot.gov
Fax: (501) 569-2623

Note: If any of the information provided on this certification is revised in any manner, a revised form, accompanied by a certified power of attorney, should be submitted to the address listed on Prequalification Cover Page or emailed to pmd@ardot.gov.
Additional pages may be used as needed.