**APPLICATION SIGNATURE PAGE**

**APPLICANT'S INFORMATION**

<table>
<thead>
<tr>
<th>Company:</th>
<th>Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
</table>

**Business Designation:**

- [ ] Individual
- [ ] Sole Proprietorship
- [ ] Partnership
- [ ] Corporation
- [ ] Public Service Corp
- [ ] Nonprofit
- [ ] Intergovernmental

**Minority and Women-Owned Designation**:  
- [ ] Not Applicable
- [ ] African American
- [ ] American Indian
- [ ] Asian American
- [ ] Hispanic American
- [ ] Pacific Islander American
- [ ] Service Disabled Veteran
- [ ] Women-Owned

**AR Certification #:** ____________________________  * See Minority and Women-Owned Business Policy

**APPLICANT CONTACT INFORMATION**

- **Contact Person:**
- **Title:**
- **Phone:**
- **Alternate Phone:**
- **Email:**

**ILLEGAL IMMIGRANT CONFIRMATION**

By signing and submitting a response to this solicitation, the applicant agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the recipient certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.

**ISRAEL BOYCOTT RESTRICTION CONFIRMATION**

By signing and submitting a response to this Bid Solicitation, a prospective contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.

Geographical Coverage Area: Indicate geographical coverage area as either statewide or by individual counties, alphabetically.

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

An official authorized to bind the prospective recipient to a resultant contract shall sign below.

By signing and submitting a response to this Request for Application (RFA), the applicant agrees to comply with all requirements, and that any exception that conflicts with a requirement of this RFA will cause the application to be disqualified.

**Authorized Signature:** ____________________________  **Title:** ____________________________  

*Use Ink Only.*

**Printed/Typed Name:** ____________________________  **Date:** ____________________________