

AFFIDAVIT of FACT

STATE OF LOUISIANA

PARISH OF _____

Affiant's Name (Printed)

Affiant's Address (Printed)

I, _____, having been duly sworn, depose and say that I have read the foregoing application, and the contents thereof, and do hereby certify that my responses and information contained within this application are true and correct and they are an accurate account of the requested information. In addition, I have also read, understand, and agree to comply with the statutes contained in R.S. 40:1379.3 and 1382, and the corresponding administrative regulations contained in LAC 55:I:1301 et seq. I have executed this statement voluntarily with the knowledge that any failure to provide truthful information is cause for denial of my application or revocation of a permit, and that the making of any false statement or response in this application is a violation of R.S. 14:133, Filing False Public Records, a criminal offense punishable by imprisonment for not more than five (5) years with or without hard labor or a fine not to exceed five thousand dollars, or both.

Affiant's Signature

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____, _____

Print, Type, or Stamp Name of Notary Public

Notary Public

MY COMMISSION EXPIRES _____

Affidavits are valid for sixty days after notarization.