# **XXIII. REQUIRED FORM TEMPLATES**

1. **CERTIFICATION**

NOTE: All members of the DBE must sign. Copy this certification page for each legal entity.

I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify and declare that I have read all the foregoing answers to this Pre‐Qualification Questionnaire; that all responses are correct and complete of my own knowledge and belief. I declare under penalty of perjury under the laws of the State of Florida, that the foregoing is true and correct.

(Signature)

(Printed name)

(Place of Execution)

(Date)

(DBE Member)