**AFFIDAVIT OF [Permittee Applicant Name]**

STATE OF ARIZONA )

 )

County of Maricopa )

 I, \*\*\*\*\*\*\*\*\*\*\*\* have personal knowledge of the facts as stated below and declare as follows:

1. I am employed at \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* as \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*.
2. As \*\*\*\*\*\*\*\*\*\*\*\*\*\*my employment duties are \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* (should relate to the basis of the affidavit).
3. I reviewed the \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* (should relate to the basis of the affidavit).
4. That \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* is a corporation organized and operated under the State of \*\*\*\*\*\* and is licensed with the Arizona Corporation Commission to do business in the State of Arizona.
5. That the guarantee arrangement attached hereto as Exhibit “A” is valid under all applicable federal and state laws.
6. That the Board of \*\*\*\*\*\*\*\*\*\*\*\*\* (corporation name) (“Permittee”) approved entering into this agreement of guarantee of the permittee’s financial assurance obligation as evidenced by the certified copy of the corporate resolution authoring such actions, attached hereto as Exhibit “B”.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*\*\*\*\*\*\*\*\*

 (specify job title)

Dated:

 SUBSCRIBED AND SWORN to before me this \_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_, 2016 in \_\_\_\_\_\_\_\_\_(city, state).

 NOTARY PUBLIC

My Commission Expires:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_