



Office of Equal Opportunity

601 Lakeside Ave., Room 335
Cleveland, Ohio 44114
216.664.4152

AFFIDAVIT OF RE-CERTIFICATION

STATE OF OHIO:)
) S.S.

CUYAHOGA COUNTY)

I, _____, being first duly sworn, depose and say that I am the
_____ of _____, and the
foregoing information in this affidavit and application is true to the best of my knowledge.

NOTARIZATION: (Sign in the presence of a NOTARY PUBLIC)

Signature: _____
Name (print): _____
Title: _____
Date: _____

State of _____ County of _____
On this the _____ day of _____ 20_____, before me appeared
(Name) _____, that he or she was properly authorized by (Name of
Firm) _____, to execute the Affidavit and did so of his or her free act
and deed.

(Seal) Notary Public _____ My commission expires _____