## PROPOSAL REQUIREMENT # 4 AFFIDAVIT REGARDING LIST OF DEBARRED, SUSPENDED OR DISQUALIFIED CONTRACTORS

STATE OF NEW JERSEY/						
Specify, of Other						
COUNTY OF	_					
I,	_, of	the	(City,	Town,	Borough)	of
State of				,	of full age, b	eing
duly sworn according to law on my oath depose	and say	that:				
I am of the	e firm o	ofD	iligent Co	orporatio	on	, the
Proposer making the Proposal for the above na	med Pro	ject, ar	nd that I	executed	the said Proj	osal
with full authority to do so; that said Propose	er is not	at the	time of	the mak	king this proj	osal
included on the State of New Jersey Consolidate	d Debar	ment F	Report as	a result	of action take	n by
any New Jersey state or local agency.						
Subscribed and sworn before me thisday, 2 .	of		John	signed by:  Van Andale  557616BD64E7		
	"   -	(Affiant)				
(Notary Public)						
My Commission expires:		(Print name & title of affiant)				
			(Nam	ne of busi	ness)	-
			`	rnorate S		

THIS FORM SHALL BE COMPLETED, SIGNED, AND NOTARIZED