

AFFIRMATION

My name is	and I acknowledge that
have been duly sworn to make this affirmation	and I acknowledge that ation:
I hereby affirm that I am the	of
and that I have full corporate authority	to enter into and execute -Dade Aviation Department on behalf of
Company Name	
Ву:	Date:
Print Name	
Title	
STATE OF:	
COUNTY OF:	
SUBSCRIBED AND SWORN TO (or affirm	ned) before me this day of
, 20 by	
	prized Representative)
of	, who is personally
known to me or has produced	as
	(Type of Identification)
and who did / did not take an oath.	
(Signature of Notary)	(Notary Commission Number)
Notary Public – State of	Notary Stamp or Seal:
(State)	