

APPLICATION CERTIFICATION STATEMENT

I certify the following:

1. My name is ____ [Insert Name of Affiant].
2. I am at least 18 years old.
3. I am the ____ [Insert the Affiant’s Job Title] of ____ [Insert Name of Provider] (“Provider”).
4. I am duly authorized and empowered by the Provider and have sufficient knowledge to execute and deliver this Affidavit.
5. The relocation of the Provider’s facility was undertaken solely because of the ____ [Insert name of Florida County or Florida Municipal Authority] request to the Provider to relocate the Provider’s facility that is located in a planned or existing right-of-way of a public road or publicly owned rail corridor.
6. The costs for which reimbursement is sought are prudent, reasonable, and limited to the actual expenses necessary to relocate the Provider’s facility.
7. The Provider has not received, and will not receive, reimbursement or compensation from any other source, public or private, for the same relocation costs claimed for reimbursement under section 337.4031, Florida Statutes.
8. All information, invoices, and supporting documentation submitted to the Florida Department of Commerce in connection with this reimbursement request are true, complete, and accurate.
9. The provider understands that reimbursement is subject to the availability of funds, the requirements in section 337.4031, Florida Statutes, and Chapter 73CER25-1, Florida Administrative Code.

Signature of Authorized Representative of
Provider

Print Name of Authorized
Representative of Provider

Print Title of Authorized
Representative of Provider

_ Print Provider’s Name

The foregoing instrument was acknowledged before me this ___[Insert Day] day of ___[Insert Month],
___[Insert Year], by _____[Insert Name of Affiant].

Personally known _____

OR Produced Identification _____

Type of Identification Provided _____

PRINT, TYPE OR STAMP NAME OF NOTARY

[Affix Seal]