

Affidavit Statement by Authorized Office of Taxpayer

As an authorized officer of the Taxpayer, I certify under penalty of perjury that the information contained in the application for the ACA program identified below is true and correct according to my best knowledge and belief after a reasonable investigation of the facts.

The form authorizes the Arizona Department of Economic Security (DES) Employment Security Administration, U.I. Tax Section to release Unemployment Tax and Wage Reports (UC-018 and UC-020) to the Arizona Commerce Authority

Authorized Officer's Signature

Date

Authorized Officer's Name

Authorized Officer's Title

Taxpayer Name

Federal Identification Number

ACA Program

