

**INDIVIDUAL RESIDENT STATUS**

W.S. § 16-6-101(a)(i)(A)

AFFIDAVIT:

State of \_\_\_\_\_

County of \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS:

THAT \_\_\_\_\_  
Owner

doing business as \_\_\_\_\_  
Name of DBA

of \_\_\_\_\_  
Wyoming Business Street Address

City of \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_

with a mailing address of \_\_\_\_\_  
Address City/State/Zip Telephone Number

Email Address: \_\_\_\_\_

being duly sworn, deposes and says s/he is the owner of the business and has been a resident of the state for one (1) year or more immediately prior to bidding upon the contract or responding to a request for proposal.

Please Indicate Type of Business (check all that apply):

Erection \_\_\_\_\_ Construction \_\_\_\_\_ Alteration \_\_\_\_\_ Repair \_\_\_\_\_ Supplier/Manufacturer \_\_\_\_\_

Individual Owner's Name: \_\_\_\_\_

Permanent Home Street Address: \_\_\_\_\_  
Address City/State/Zip

Home Telephone: \_\_\_\_\_ Length of Residency in WY/Above Address: \_\_\_\_\_

WY Driver's License No.: \_\_\_\_\_ Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

**Note:** PLEASE PROVIDE A PHOTOCOPY OF YOUR DRIVER'S LICENSE. IF THE LICENSE IS AN EXTENSION, PLEASE PROVIDE A COPY OF THE BACK OF THE LICENSE ALSO. WE WILL NOT PROCESS THIS AFFIDAVIT WITHOUT A COPY.

\_\_\_\_\_, being duly sworn, deposes and says that s/he is  
Individual Owner's Name

the individual owner of \_\_\_\_\_ and that the foregoing information  
Business Name  
is true and accurate.

\_\_\_\_\_  
Owner's Signature

Sworn to before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**INCOMPLETE OR UNSIGNED FORMS WILL BE RETURNED FOR CORRECTION**