

**WYOMING REGISTERED BUSINESS**

**Wyoming resident CEO (or equivalent) and more than 50% Wyoming resident owned**

W.S. § 16-6-101(a)(i)(C)

AFFIDAVIT:

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

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

KNOW ALL MEN BY THESE PRESENTS:

THAT \_\_\_\_\_  
Name of Wyoming Business Entity

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: \_\_\_\_\_ Tax ID: \_\_\_\_\_

being duly sworn, deposes and says that the business entity named above is organized under the laws of the state with at least fifty percent (50%) of the issued and outstanding shares of stock in the corporation owned by persons who have been residents of the state for one (1) year or more prior to bidding upon the contract or responding to a request for proposal, and which maintains its principal office and place of business within the state, and the chief executive officer of the business entity 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 \_\_\_\_\_

The business entity's chief executive officer name and permanent Wyoming home street address:

\_\_\_\_\_  
Name Street Address City/State/Zip

**Note:** PLEASE PROVIDE A PHOTOCOPY OF THE FRONT AND BACK OF THE BUSINESS ENTITY'S CHIEF EXECUTIVE OFFICER'S DRIVER'S LICENSE.

**LIST ALL OWNERS OF THE BUSINESS ENTITY.**  
**IF MORE THAN FOUR, YOU WILL NEED TO ATTACH AN ADDITIONAL NOTARIZED LIST.**

1. Name: \_\_\_\_\_

Permanent Home Street Address: \_\_\_\_\_

Number of Years WY Resident: \_\_\_\_\_ Years at this Address: \_\_\_\_\_ Percent of Ownership: \_\_\_\_\_%

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

2. Name: \_\_\_\_\_

Permanent Home Street Address: \_\_\_\_\_

Number of Years WY Resident: \_\_\_\_\_ Years at this Address: \_\_\_\_\_ Percent of Ownership: \_\_\_\_\_%

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

3. Name: \_\_\_\_\_

Permanent Home Street Address: \_\_\_\_\_

Number of Years WY Resident: \_\_\_\_\_ Years at this Address: \_\_\_\_\_ Percent of Ownership: \_\_\_\_\_%

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

4. Name: \_\_\_\_\_

Permanent Home Street Address: \_\_\_\_\_

Number of Years WY Resident: \_\_\_\_\_ Years at this Address: \_\_\_\_\_ Percent of Ownership: \_\_\_\_\_%

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

THE FOREGOING INFORMATION IS TRUE AND CORRECT.

\_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Secretary/Treasurer

Sworn to before me on this \_\_\_\_ day of

Sworn to before me on this \_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_, 20\_\_\_\_.

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

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

**Note:** This form must be signed by the chief executive officer and one other officer with that officer's title next to the name. Both names must be notarized.

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