

FOREIGN REGISTERED BUSINESS
At least 15 full-time Wyoming resident employees
W.S. § 16-6-101(a)(i)(J)

AFFIDAVIT:

State of _____

County of _____

KNOW ALL MEN BY THESE PRESENTS:

THAT _____
Name of Person, Partnership, Limited Partnership, Registered Limited Partnership,
Registered Limited Liability Company or Corporation (**Please circle one**)

doing business as _____
Name of DBA

of _____
Wyoming Business Street Address

City of _____ County of _____ State of _____

with a mailing address of _____

Email Address: _____ Address _____ City/State/Zip _____ Telephone Number _____
Tax ID: _____

being duly sworn, deposes and says that the person, partnership, limited partnership, registered limited partnership, registered limited liability company or corporation has been in existence for two (2) years or more immediately prior to bidding upon the contract or responding to a request for proposal, continuously maintained an office or place of business within the state and has continuously employed not less than fifteen (15) full-time Wyoming residents within the state and that the office and place of business in the state is the headquarters or administrative center where business activities are conducted or controlled, and has paid workers' compensation and unemployment taxes in Wyoming for at least one (1) year and is in good standing with Wyoming workers' compensation and department of unemployment at the time the bid or request for proposal is submitted.

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

Erection _____ Construction _____ Alteration _____ Repair _____ Supplier/Manufacturer _____

THE FOREGOING INFORMATION IS TRUE AND CORRECT.

Title

Title

Sworn to before me on this ____ day of

Sworn to before me on this ____ day of

_____, 20____.

_____, 20____.

Notary Public

Notary Public

INCOMPLETE OR UNSIGNED FORMS WILL BE RETURNED FOR CORRECTION