N.C. DEPARTMENT OF ADMINISTRATION

OFFICE FOR HISTORICALLY UNDERUTILIZED BUSINESSES (HUB OFFICE)

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Statewide Uniform Certification Program

Ethnicity Affidavit

Note: This form must be signed and notarized for <u>each</u> owner upon which eligibility is relied.

I hereby certify under penalty of perjury that I am a member of one of the following groups according to N.C.G.S. § 143-128.4 (b):							
	Black	☐ Hispanic		American Indian			Asian American
Company Name:							
Signature:					Date: _		
Print Name:							
Notary Certificate							
STA	\TE OF						
COUNTY OF					} SS: —		
Sub	scribed and sworn to	before me the		day of _		, 20 _	·
Sig	nature of Notary Publi	ic					
Cou	unty of residence						
Dat	e commission expires	3					