

INDIVIDUAL CONTRIBUTION & ECONOMIC INTEREST DISCLOSURE

This form must be completed, signed, and notarized for each owner upon which SLBE status is relied.

First Name

Last Name

Associated (E)SLBE Firm

Ownership Percentage

Contribution
Check all that apply.

Capital
Other

Experience

Management

1. List all capital contributions (e.g. equipment, funds).

2. List all relevant education, licenses, and certification you hold.

3. Do you have financial interest in any other firm(s)?

Yes

No

If yes, list the firm name(s) and the ownership percentage and title for each.

4. Do you work for any other firm(s) or non-profit organization(s)?

Yes

No

If yes, list the firm/organization name(s), position held, and hours contributed per week for each.

AFFIDAVIT OF CERTIFICATION

I _____ swear or affirm under penalty of law that I am _____ of the (E)SLBE firm _____ and have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information.

Signature _____

Date

STATE OF SOUTH CAROLINA, COUNTY OF _____, to wit: I hereby certify that on this _____ day of _____, 20____, before me, a Notary Public of the State of South Carolina personally appeared _____ and made affirmation in due form of law that the matters and facts set forth in the Affidavit are true.

As witnessed, my hand and seal:

Notary Signature

Notary Name (Printed)

My Commission Expires:

Notary Seal