

N.C. DEPARTMENT OF ADMINISTRATION
OFFICE FOR HISTORICALLY UNDERUTILIZED BUSINESSES (HUB OFFICE)

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Statewide Uniform Certification Program - Disability Affidavit

Firm Name: _____ **Federal Tax ID** _____

The Disability Affidavit is used to certify "Disability" as the basis of eligibility for an individual to participate in the Historically Underutilized Business (HUB) Program administered by the North Carolina Department of Administration.

According to G.S. 168A-3(7a), "Person with a disability" means any person who (i) has a physical or mental impairment which substantially limits one or more major life activities;(ii) has a record of such an impairment; or (iii) is regarded as having such an impairment. The term:

- a. "Physical or mental impairment" means (i) any physiological disorder or abnormal condition, cosmetic disfigurement, or anatomical loss, caused by bodily injury, birth defect or illness, affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or (ii) any mental disorder, such as mental retardation, organic brain syndrome, mental illness, specific learning disabilities, and other developmental disabilities, but (iii) excludes (A) sexual preferences; (B) active alcoholism or drug addiction or abuse; and (C) any disorder, condition or disfigurement which is temporary in nature leaving no residual impairment.
- b. "Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.
- c. "Has a record of such an impairment" means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits major life activities.
- d. "Is regarded as having an impairment" means (i) has a physical or mental impairment that does not substantially limit major life activities but that is treated as constituting such a limitation; (ii) has a physical or mental impairment that substantially limits major life activities because of the attitudes of others; or (iii) has none of the impairments defined in paragraph a. of this subdivision but is treated as having such an impairment.

Certification

I certify that _____ (Name of Applicant) meets the definition of "a person with a disability" as defined in G.S. 168A-3.

I further certify that I am the applicant's treating physician. I am licensed to practice medicine in the State of North Carolina.

I understand that the State of North Carolina, Department of Administration is relying upon this certification as part of its review and approval process, and that should it be determined that this certification is materially false or incomplete or incorrect or includes incorrect, false or misleading, information, appropriate enforcement action will be taken.

I declare under penalty of perjury that the foregoing is true and correct.

Signature

Physical Address

Printed Name

City, State, Zip Code

License Number

Phone Number

Date

Verified By