



Statewide Uniform Certification Program  
**Ethnicity Affidavit**

**Note: This form must be signed and notarized for each 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	
STATE OF _____	
COUNTY OF _____	} SS:
Subscribed and sworn to before me the _____ day of _____, 20 _____.	
Signature of Notary Public _____	
County of residence _____	
Date commission expires _____	