

**Personal Net Worth Statement
For DBE/ACDBE Program Eligibility**

For Puerto Rico Use Only:

NOTARY CERTIFICATE

Signature DBE/ACDBE Owner

Date: _____

Name Print DBE/ACDBE OWNER

AFFIDAVIT NO. _____

SWORN and subscribed before me by _____, of legal age,
Name

_____, Resident of
marital status Occupation

_____, known to me personally or whom I have identified by

means of _____.
Indicate Id. # of/government issued Id.

In _____, Puerto Rico, this ____ day of _____, 20_____.

Notary Public