## **APPLICANT AFFIDAVIT FOR SOLE-PROPRIETORSHIP OR PARTNERSHIP** (a separate affidavit is required for each owner and general partner)

STATE OF	)					
COUNTY OF	) ss )					
	·				me	appeared
	, personally l	known to me or	proved to me on	the basis of satis	factory ev	vidence to
be the person whose name i	s subscribed to the within i	instruments, who	being by me du	ly sworn, deposed	l as follov	ws:
My name is		, and	I am of sound m	ind, capable of ma	aking this	s affidavit,
and personally certify the fa	cts herein stated, as requir	ed by Section 20	08.009, RSMo, fo	or failure to provid	le affirma	tive proof
of lawful presence in the Ur						
I am the	of		, wh	ich is applying fo	or a publ	lic benefit
owner or (grant, contract, and/or loar	partner n) administered/provided b	business name by the Missouri	Highways and T	ransportation Cor	nmission	(MHTC),
acting by and through the M	lissouri Department of Tra	insportation (Mo	DOT).			
I am classified by t	he United States of Ameri	ca as: (check	the applicable bo	ox)		
□ a	United States citizen.		an alien lawful	lly admitted for pe	ermanent	residence.
I am aware that Mi	ssouri law provides that ar	ny person who o	btains any public	benefit by means	of a will	fully false
statement or representation,	or by willful concealmen	nt or failure to r	eport any fact or	event required to	be repor	rted, or by
other fraudulent device, sha	all be guilty of the crime	of stealing purs	suant to Section	570.030, RSMo,	which is	a Class C
felony for stolen public ben		• •				
years and/or a fine not more		_	•	_		
benefits valued at \$25,000 c					-	_
- Section 558.011, RSMo).	(4	v				J
•	ipon proper submission o	of this sworn af	fidavit. I will o	nly be eligible fo	r tempora	ary public
benefits until such time as					-	• •
208.009, RSMo.	my awarar presence in un		is determined,	or us outerwise p	.0 /1000	y zeemen
	Missouri law requires	MHTC/MoDO	T to provide s	assistance in oht	aining a	nnronriate
documentation to prove cit	•		-			
assistance to MHTC/MoDO		ce in the Office	States, and I ag	gree to submit an	y requests	s for such
		t og a frag ogt om	d dood and not w	ndon dunoss		
i acknowledge that	I am signing this affidavit	i as a free act an	a deed and not ui	nder duress.		
					_	
Affiant Signature			s Social Security able Federal Iden	y Number or utification Number	•	
Subscribed and sw	orn to before me this	day of	, 2	0		
My commission ex	pires:	Notary	Public			

Exhibit 2 15