



NEW JERSEY TURNPIKE AUTHORITY
AFFIDAVIT OF ELIGIBILITY / DISCLOSURE OF MATERIAL LITIGATION

STATE OF _____

ss:

COUNTY OF _____

I, _____ the _____
(Principal of the Firm, Print Name) (Title)

of _____, being first duly sworn, deposes and affirms:
(Print Name of Firm)

1. That _____ (Firm) wishes to demonstrate its eligibility to do business with the New Jersey Turnpike Authority (Authority) or any state or the federal government agency, and to disclose material litigation in accordance with the Authority's solicitation for Expressions of Interest in connection with the professional services required for Order for Professional Services, **(INSERT OPS No. and NAME)** (OPS).
2. That the undersigned, being authorized to act on behalf of the Firm, certifies that I am personally acquainted with the operations of the Company, have full knowledge of the factual basis comprising the contents of this Affidavit and that the same are true to my knowledge.
3. That the Firm is not listed on the "Report of Suspensions, Debarments and Disqualifications of Firms and Individuals" published by the State of New Jersey Department of the Treasury in accordance with New Jersey Executive Orders No. 34 (1976) and 189 (1988), and neither the Firm nor its Principals, Owners, Officers, or Directors are collectively or individually suspended, debarred or otherwise declared ineligible from doing business with the Authority or any state or the federal government, for any other reason except as follows (if none, so state; attach additional sheet if necessary):
4. That as of the date of signing this Affidavit, neither the Firm, or any of its Principals, Owners, Officers, or Directors are involved in any litigation, pending, threatened or brought against them, that could materially affect its ability to perform the OPS, except as follows (if none, so state; attach additional sheet if necessary):
5. That as of the date of signing this Affidavit, neither the Firm, or any of its Principals, Owners, Officers, or Directors have any enforcement actions or penalties pending or assessed on them by any regulatory agency having jurisdiction over permit compliance, worker health and safety, or labor laws, as these issues relate to performance of the OPS, except as follows (if **none**, so state; attach additional sheet if necessary):
6. That, to the best of my knowledge, the Firm and its employees have not had access to any confidential information of the Authority, which was not made available to all firms.



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7. That all statements contained in the Firm's Expression of Interest for the OPS and in this Affidavit are true and correct and are made with full knowledge that the Authority relies upon the truth of the statements herein contained in awarding the OPS.

Signed this _____ day of _____, 20_____.

Signature

Subscribed and sworn to before me

this _____ day of _____, 20_____.

Notary Public of the State of _____

My commission expires _____, 20_____.