



STATE OF \_\_\_\_\_ )  
 ) SS:  
 COUNTY OF \_\_\_\_\_ )

**AFFIDAVIT**

The undersigned, being duly sworn upon his/her oath, does state as follows:

1. He/She has personal knowledge of the facts set forth in this Affidavit.
2. That the \_\_\_\_\_ [name of business] does not knowingly employ any unauthorized aliens, as such terms are defined by Indiana Code §22-5-1.7-9.
3. This Affidavit is made for the purpose of complying with the requirements of Indiana Code §22-5-1.7, *et seq.*

Further Affiant sayeth not.

\_\_\_\_\_  
 [ signature ]

\_\_\_\_\_  
 [ printed/typed name ]

\_\_\_\_\_  
 [ title ]

\_\_\_\_\_  
 [ date ]

I affirm, under the penalties for perjury, that the foregoing representations are true to the best of my knowledge and belief.

\_\_\_\_\_  
 [ signature ]

\_\_\_\_\_  
 [ printed/typed name ]