

Attachment 20 - Certificate Regarding Pre-Application Vehicle Operations

WARNING: A false statement may result in a civil fine, the suspension and/or revocation of operating authority, and/or other civil, or criminal penalties. You may wish to consult with an attorney before completing this form.

I, _____ (PRINTED NAME), hereby certify subject to the penalties of perjury that the following information is true and correct to the best of my knowledge, information, and belief.

CHECK ONE:

- A. **No** vehicle owned in whole or in part by Applicant has been operated when Applicant did not have a current and valid DFHV Certificate of Operating Authority.

- B. One or more vehicles owned in whole or in part by Applicant **have** been operated time when Applicant did not have current and valid DFHV Certificate of Operating Authority. (You may provide an Optional Explanation).

OPTIONAL EXPLANATION (Do not use this box if you checked Box A. Include the date(s) of operation, the number of vehicle(s) operated each day, and list tag nos., PVINS, and VINS.

(USE ADDITIOINAL SHEETS IF NECESSARY)

SIGNATURE OF APPLICANT

DATE