

Country

State

County

TO WIT:

AFFIDAVIT

I, _____ of _____ (country, state and county/province) make oath and say as follows:

1. That I have personal knowledge of and/or directly observed the following events:

(attach additional pages if needed);

2. That I am attaching the following additional documents which are incorporated herein by this reference:

3. That I verify that the information provided in this Affidavit is accurate and I understand that the information provided in this Affidavit may be used by the Behavior Analyst Certification Board ("BACB") in the BACB's investigations.

Signed under penalty of perjury: _____

Printed Name: _____

SWORN TO

this ___ day of _____ 201_ in the presence of)

_____)

NOTARY/COMMISSIONER FOR TAKING AFFIDAVITS