



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF INDUSTRIAL TRADES
REFRIGERATION AND AIR CONDITIONING**

LOCAL REPRESENTATIVE AFFIDAVIT

Name of Firm (Contractor)

Social Security or FEIN Number

I, _____
Local Representative Name

Address

Telephone Number _____

a resident of the District of Columbia, do hereby agree to be the local representative of the above contractor, to accept notices, summons or other legal notices for said contractor and to notify Pearson VUE at Dept. DC-RA, Metro-Plex I Suite 250, 8401 Corporate Drive, Landover, MD 20785 within five days of any change in my address or any change in the conditions of my agreement to act as agent for said contractor.

Signature of Local Representative

Signature of Contractor Owner, Partner or Officer

Printed Name

Title

(SEAL, IF INCORPORATED)

The above named person(s) appeared before me this day and certified that the above information is correct and accurate, and that the above are their true signatures.

Subscribed and (affirmed) sworn to before me this _____ day of _____
Month, Year

(Notary Seal)

Notary Public