



Witness Affirmation

**Instructions:**

1. Please print.
2. Please complete a separate form for EACH bill, resolution, or subject.
3. Turn in your witness affirmation(s) before you testify. You will not be recognized to testify until your form has been filed with the chair of the committee.

Committee on: _____ **Subcommittee on:** _____

Bill, Resolution, or Subject Matter: _____

Name: _____

Address: _____

Phone: (_____) _____

I am appearing on behalf of/representing (*you must check one*):

Myself, and my occupation, profession, or business is _____

A person, firm, corporation, class, or group whose name is _____

What is your position? (*you must check one*)

For

Against

Neutral (Under state law, all state agency personnel appearing on behalf of the agency must select "Neutral.")

Do you wish to be recognized to testify? (*you must check one*)

Yes

No

I hearby swear that the above statements by me are true and accurate, and that I have listed all persons or entities that I am authorized to represent in reference to the matters on which I am appearing. I further swear that the testimony I give before this body will be true and accurate.

Signature of Witness

Committee Use Only:

Recognized to testify

Did testify

Did not testify

Chair

Date