ATTEST STATEMENT OF LABOR ORGANIZATION

We, the undersigned of the ________________________________
(Name of Labor Organization)

License No. ________, state that ________________________________,
(Business Agent)

License No. ________, has been designated as our Business Agent and as so, is authorized
as defined by Section 447.02(2), Florida Statutes, by being duly elected/appointed on
this ______ day of ________________________, 20_____.

This Attest Statement must be completed fully and must be signed by both the
President and Secretary of the Labor Organization.

Giving knowingly misleading statements or knowing misrepresentation when applying
for a license constitutes a felony of the third degree and may result in licensure denial or
revocation, or forfeiture on my part of rights for registration in the State of Florida.

Under penalties of perjury, I declare that I have completed the above statement and
that the facts stated therein are true.

________________________________________  __________________________________________  ____
Printed Name of Union President                Signature of Union President             Date

________________________________________  __________________________________________  ____
Printed Name of Union Secretary                 Signature of Union Secretary             Date