

**ATTACHMENT J – CRIMINAL BACKGROUND CHECK AFFIDAVIT**

**AUTHORIZED REPRESENTATIVE**

**I HEREBY AFFIRM THAT:**

I am \_\_\_\_\_ (Insert on line Business Name or Owner or Title (if applicable) and remove this red lettering) and the duly authorized representative of \_\_\_\_\_ (Insert Contractor name on line and remove this red lettering) and that I possess the legal authority to make this Affidavit on behalf of myself and the business for which I am acting.

I hereby affirm that \_\_\_\_\_ (Insert Contractor or individual name and remove this red lettering) has complied with Section 3.11, Criminal Background Check requirements of the **Non-Emergency Medicare Transportation IFB**.

I hereby affirm that \_\_\_\_\_ (Insert Contractor or individual name and remove this red lettering) has provided the GCHD with a summary of the security clearance results for the Contractor/staff that will be working on Solicitation Number IFB 2025-0825 and these Contractor/staff have successfully passed all of the background checks required under Section 3.11 of the **Non-Emergency Medicare Transportation IFB**. The Contractor hereby agrees to provide security clearance results for any additional staff at least ten (10) days prior to the date the Contractor commences work on this Contract.

**I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.**

\_\_\_\_\_  
Contractor or Individual

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Submit within 10 days of NTP**