





**OFFICER'S CERTIFICATION**

(To be completed by Chief Executive Officer or Chief Financial Officer or equivalent)

I have read and knowingly made the foregoing statements and representations and certify that each statement and representation is true to the best of my knowledge. I understand that any misrepresentation, false statement, or fraud in connection with this annual statement may be cause for revocation or suspension of a license issued or may be cause for denial of application in addition to any other actions or penalties or both.

Further, I certify under penalty of perjury that the provider is not delinquent in court ordered payments of child or family support, maintenance, birth expenses, medical expenses, or other expenses related to the support of a child or former spouse, and the applicant has not failed to comply with a subpoena or warrant issued by the Department of Children and Families or a county child support agency under s. 59.53 (5), Wis. Stat.

I also certify under penalty of perjury that the applicant is not liable to the Department of Revenue for delinquent taxes.

Signature	Title
Name (Please Print)	Date