

**Failed Business Economic Loss Authorized Business Representative Sworn Written Statement**

If you need more space to complete this Sworn Written Statement, attach the additional pages and they will be incorporated into this document.

**A. CLAIMANT INFORMATION**

**Business Name:** \_\_\_\_\_

**Deepwater Horizon Settlement Program Claimant Number:** \_\_\_\_\_

**Business Address:**

	Street		
	City	State	Zip Code

**Business Phone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

<p><b>Social Security Number:</b> <i>or</i> <b>Individual Taxpayer Identification Number:</b> <i>or</i> <b>Employer Identification Number:</b></p>	<p>SSN or ITIN ____ - ____ - _____</p> <p>EIN ____ - _____</p>
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**Date of Incorporation:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month/Day/Year)

**Date of Commencement of Operations:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month/Day/Year)

<b>Authorized Business Representative Name:</b>	Last	First	Middle Initial
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**Authorized Business Representative Phone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Position of Authorized Business Representative:** \_\_\_\_\_

**B. REQUIRED VERIFICATIONS**

- (1) I am authorized to act on behalf of the business listed above.
- (2) As of May 1, 2010:
  - (a) No bankruptcy filing, asset liquidation, or debt restructuring had been initiated for the business listed above; (A renewal of a business loan will not be deemed restructuring.)
  - (b) The business listed above was in full compliance with all covenants as to financial condition governing outstanding borrowing or credit agreements prior to the DWH Spill; and
  - (c) All documentation submitted by the business listed above consists of, or was derived from, documents maintained in the ordinary course of business.

**C. SIGNATURE**

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that all the information I have provided in this Statement (and in any pages I have attached to or submitted with this Statement to provide additional information requested in this Statement) is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted with this Statement and the information contained therein are true, accurate, and complete to the best of my knowledge, and I understand that false statements or claims made in connection with this Statement may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government, and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.

**Date Signed:**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month/Day/Year)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Printed or Typed)