

WYOMING MAIN STREET REVOLVING LOAN CERTIFICATION

Applicant		Tax ID # or SS #	
Mailing Address		Full Street Address	
City	County	Zip Code	
Contact Person	Phone Number	Fax Number	E-Mail Address

USE OF FUNDS:	Dollar Amount Requested
Total Dollar Amount of Loan Request	\$ _____

The undersigned hereby certify they are aware that proceeds for this loan program are made available under Wyoming Statute (W.S.) 9-12-1104 (vi) and further certify that all statutory requirements will be met.

The undersigned also certify that they will allow the director of the state department of audit or an examiner designated by the director to examine the books and records of the business as required in W.S. 9-12-306 (a)

_____	_____	_____
Applicant	Position/ Title	Date
_____	_____	_____
Applicant	Position/ Title	Date