CERTIFICATION

STATE OF OKLAHOMA)
COUNTY OF	: SS _)
I,	, THE DULY ELECTED OFFICIAL
OF	CERTIFY THAT I AM
	THE ATTACHED APPLICATION; AND
	CONTAINED IN THIS APPLICATION
•	THE BEST OF MY KNOWLEDGE AND
•	ECT. I ALSO CERTIFY THAT THE USE
	UNDER THIS APPLICATION WILL BE
	POSES UNDER STATE AND FEDERAL OR THIS APPLICATION WAS APPROVED
	BODY ON THIS DAY OF
	BODT ON THIS DAT OF
, 2020.	
	CHIEF ELECTED OFFICIAL
FOR:	
NAME:	
TTTLE:	
ATTEST:	
(CLERK/SECRETARY)	
SEAL	