

# PARTICIPANT SELF-STATEMENT

Date: \_\_\_\_\_

Participant Name (print): \_\_\_\_\_

NV or SS #: \_\_\_\_\_

Purpose of Self-Statement: \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

With my signature below, I do hereby certify that the above statement is true and accurate.

Participant Signature: \_\_\_\_\_

WIA representative Signature: \_\_\_\_\_