FORM 5—AFFIRMATIVE ACTION AFFIDAVIT STATE OF NEW JERSEY—DIVISION OF PROPERTY MANAGEMENT AND CONSTRUCTION	
irm Name	
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NOTE: This form must be completed and returned with your classificat	ion form, or your application to be classified will not be considered.
TATE OF	
COUNTY OF }	
of the firm of	
me)	
eing sworn according to law on his oath deposes and says that:	
. I am authorized to make this affidavit on behalf of	(Firm Name)
	BY TITLE
ATTESTED: Sworn and subscribed to before me	
on theday of, 20	
SIGNATURE:	CORP SEAL