



# PERMANENT SITE AFFIDAVIT

I HEREBY CERTIFY THAT THIS SELF-ASSESSMENT AND ALL INFORMATION PROVIDED IS ACCURATE AND TRUE, AND THAT ALL PHOTOGRAPHS WERE TAKEN DURING THE CURRENT YEAR.

**Company Name:** \_\_\_\_\_

If you would like to choose a point of contact in addition to your division manager, please note below.

**Name of plant/site:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Address/Location of plant/site:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Plant manager:**

**Phone:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Comments**

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

\_\_\_\_\_

**Phone:** \_\_\_\_\_

\_\_\_\_\_

**E-Mail:** \_\_\_\_\_

\_\_\_\_\_

**Division manager/executive:**

\_\_\_\_\_

**Print Name:** \_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_

\_\_\_\_\_

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

**Affidavit Instructions:**

**Office Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All Diamond mailings will be sent to the Division Manager, unless an alternate contact is listed above.

An outside third party signature is required for all new and full renewal applications. Please see the instructions document for further guidance. No outside third party signature is required for streamlined renewals.

**Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Outside third party:**

**Print name of representative**

\_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**Third Party Title / Organization Name (if applicable)**

**Title:** \_\_\_\_\_

**Organization Name / Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Number of date bars requested** \_\_\_\_\_

(One date bar per plaque)