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I further certify that I have provided the county clerk with documentation to support the qualifying certification. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | |  | | | |  | | | | | |  | **APPLICANT SIGNATURE** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | **DATE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | |  | | | |  | | | | | | Subscribed and sworn before me this | | | | | | | | | | | | | | | | |  | | | | day of | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | |  | | | |  | | | | | |  | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | |  | | | |  | | | | | | My commission expires | | | | | | | | | |  | | | | | | | | | | | | | | | , | 20 | | | | |  | | | | | | . | My commission # is | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | . | |  | |  | | | | | | | | | |  | | | | | | | | | | | | | | |  |  | | | | |  | | | | | |  |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | |  | | | |  | | | | | |  | | **NOTARY SIGNATURE** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | **DATE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | |  | | | |  | | | | | | **COUNTY CLERK USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Plate issued: | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | Date: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  |  | |  |  | | | |  | | |  | | | | | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | | CLERK NAME (*Print*.) | | | | | | | | | | | | | |  | | | CLERK SIGNATURE | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | COUNTY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | | |  |  | |  |  |  | | |  |  | |  |  | | |  | |  | |  | |  | | | | | |  | | |  | | |  | | | |  | | |  | |  | |  | | | | | |  | | | |  | |  | | |  | | |  | | | | |  | | | | | | |  | | | |  | | | |  | | | | | **Collect any applicable usage tax or ad valorum taxes. Do not collect a registration fee.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |