



New Jersey Manufacturing Voucher Program Certification

This form must be submitted at closing, prior to receipt of equipment reimbursement, and annually for three years from the date of the executed *New Jersey Manufacturers Voucher Program Agreement* ("Agreement").

PART I: All Voucher Award Grantees must complete this section. All capitalized terms herein have the same meaning as those in the Agreement entered into by the Authority and Grantee.

I certify on behalf of:

Listed below is a complete list of Equipment that will be and/or has been purchased or leased through the New Jersey Manufacturing Voucher Program; For the duration of the Voucher Compliance Term this Equipment will be physically located at:

EQUIPMENT	LOCATION ADDRESS
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

All Equipment ____ (is) ____ (is not) physically located in New Jersey.

I am authorized representative of the Grantee. I understand all capitalized terms in the Certification have the same meaning as those in the New Jersey Manufacturers Voucher Program Agreement.

I certify that the foregoing statements made by me are true. If any of the foregoing statements made by me are false or misleading in any material respect, then the New Jersey Manufacturers Voucher Program Agreement is subject to an Event of Default and I am subject to punishment.

Date:

Signature:

Name (printed):

Title:

Name of Grantee Entity:

PART II: Only Voucher Award Grantees who have leased their Equipment must complete this section:

I certify on behalf of:

The Grantee has complied with the payment terms of the Equipment lease agreement, and is not in monetary or material default on the lease.

I have submitted to the Authority documentation showing that Grantee's Equipment lease payments are current.

I am authorized representative of the Grantee. I understand all capitalized terms in the Certification have the same meaning as those in the New Jersey Manufacturers Voucher Program Agreement.

I certify that the foregoing statements made by me are true. If any of the foregoing statements made by me are false or misleading in any material respect, then the New Jersey Manufacturers Voucher Program Agreement is subject to an Event of Default and I am subject to punishment.

Date:

Signature:

Name (printed):

Title:

Name of Grantee Entity: