

Certification

Form CRI-500P, CRI-500PR

I, as principal officer of the applicant organization, understand that this registration will be accepted only if the requirements of the CRI Act are met. I agree to cooperate fully with any request by the Attorney General of the Division of Consumer Affairs to inspect the records of this organization in order to ascertain compliance with the statute and all pertinent regulations. I certify that the above statements made by me are true. I am aware that if any of the above statements made by me are willfully false, I am subject to punishment.

Name (type or print)

Signature

(Title)

Date

NOTE: The above certification is to be signed by the chief executive officer, president or authorized representative officer of the organization.