

AFFIDAVIT

STATE OF _____:

SS:

COUNTY OF _____:

I, _____, the _____ of
(NAME) (TITLE/POSITION)

the applicant Alternative Treatment Center Entity (ATC Entity), being duly sworn according to law, on my oath, under penalties of perjury, depose and say that I make this statement on behalf of the ATC Entity, and that the statements contained in this Application (both Parts 1 and 2) are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that any misrepresentation or failure to reveal information may be deemed sufficient cause for the refusal to issue a permit/license to operate an Alternative Treatment Center. I am voluntarily submitting this statement and understand that misleading statements may subject me to criminal or other sanctions or punishment. Further, I agree to provide updates to the statements provided herein as required under all applicable statutes and rules, or as requested by the New Jersey Department of Health.

Name of ATC Entity

ATC Representative's Name and Title

ATC Representative's Signature

Subscribed and sworn to
before me this _____ day
of _____, 20 ____.

SIGNATURE OF NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC

RELEASE AUTHORIZATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and all Governmental Agencies – federal, state and local, without exception, both foreign and domestic.

On behalf of _____,
(NAME OF ATC ENTITY)

I, _____ have
(NAME OF PRESIDENT OR CHIEF EXECUTIVE OFFICER)

authorized the New Jersey Department of Health to conduct a full investigation into the background of said ATC Entity.

Therefore, you are hereby authorized to release any and all information pertaining to the said ATC Entity, documentary or otherwise, as requested by any employee, agent or representative of the Department of Health provided that he or she certifies to you that said ATC Entity has made an application before the Department of Health.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

DATE

SIGNATURE

PRINTED NAME

Subscribed and sworn to

before me this _____ day

of _____, 20 _____.

NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC

WAIVER OF LIABILITY

On behalf of _____,
(NAME OF ATC ENTITY)

I, _____
(NAME OF PRESIDENT OR CHIEF EXECUTIVE OFFICER)

hereby waive liability, as to the State of New Jersey, the Department of Health and their instrumentalities and agents, for any damages resulting to the said ATC Entity from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during the permitting/licensing process or during any inquiries, investigations or hearings.

DATE

SIGNATURE

PRINTED NAME

Subscribed and sworn to

before me this _____ day

of _____, 20 _____.

NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC