CONTRACTOR'S NO-ACM AFFIDAVIT

PROJECT: ___________________

STATE OF _______________
COUNTY OF _______________

Before me, the undersigned authority, personally appeared ___________________________ (“Affiant”), who, after being first duly sworn, deposes and says of his or her personal knowledge the following:

1. Affiant is the ________________ of [CONTRACTOR ENTITY], a [STATE AND TYPE OF ENTITY] (“Contractor”), which does business in the State of _______________.

2. Contractor acknowledges that Publix Super Markets, Inc., together with its subsidiaries and affiliates (collectively, “Publix”), prohibits the use of asbestos-containing materials (ACM) in all forms in the construction, maintenance, and operation of its facilities in order to protect its customers, employees, licensees, concessionaires, contractors, and other invitees from exposure to asbestos fibers (the “No-ACM Policy”).

3. Affiant certifies, to the best of his or her knowledge, that Contractor has complied with the No-ACM Policy and that no asbestos-containing products or materials were incorporated into the Project or used in connection with the work performed by Contractor for the Project.

Signed, sealed, and delivered this _____ day of ______________, 20____.

By:____________________________________
Name:__________________________________
Title:___________________________________

[CONTRACTOR ENTITY]

The foregoing was sworn to, subscribed and acknowledged before me this ____ day of ______________, 20____ by ______________________, who is (   ) personally known to me, OR ( ) produced __________________ as identification.

Print name: ____________________________
Notary Public, State of __________________
(SEAL)  My Commission expires: ____________