# ANNEX 3: SWORN STATEMENT OF YEARS OF EXPERIENCE AND DISQUALIFICATIONS

I, *full name of the person authorized by the provider, nationality,* bearer of identification document number *include social security number, passport or ID,* in my capacity as legal representative of the company *legal name of the company*, with corporate identification number *tax identification number,* fully aware of the penalties for false testimony and perjury in the Criminal Code of the Republic of Costa Rica, hereby declare under oath that my company has *include number of years* years of experience in providing skill-building training and/or certifications for professional qualification in the areas established in Section 3.2.1 of Competition 2-3-1-20-3 “*International Providers of Professional Qualification Registry”,* as well as providing training and / or offering certifications for the public / private sector. Furthermore, I declare under oath that my company has none of the disqualifications mentioned in Section 5 of the aforementioned competition and that all information contained in the grant application, its attached documents and form XXXX are complete and truthful, such that any false or incorrect data shall empower MICITT to annul said application. To this respect, I hereby consent to verification of the data contained in the grant application, its attached documents and the Survey Monkey form and authorize MICITT to request information or references from any individual or legal entity and release anyone providing such information from all liability.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Full Name**

**Legal Representative**

**DATE**

**(Digital Signature)**