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**Section 13: Attestation and Background Investigation Authorization**

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I, \_\_\_\_\_, agree to allow an investigation to be made to determine my fitness for a Certificate of Employability pursuant to No. 14-27 of the 2014 Public Acts. I hereby state, under penalty of false statement, that I have, to the best of my ability, fully and truthfully answered all of the questions in this application.

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Applicant's signature

Date

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I, \_\_\_\_\_, have applied to the State of Connecticut Board of Pardons and Paroles for a Certificate of Employability. To facilitate the investigation of my application, I hereby authorize any individual, private business concern, state or federal agency to release any information such person, private business concern, state or federal agency may have in its possession concerning me or my activities.

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Applicant's signature

Date

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Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20

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Signature of Notary Public

Notary seal

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My commission expires on \_\_\_\_\_