

# Affidavit for Licensing as a Durable Medical Equipment Supplier

Colorado Secretary of State

I, ,  
solemnly affirm, under the penalty of perjury in the second degree, as defined in  
section 18-8-503, C.R.S., that:

1. I am authorized to submit a Durable Medical Equipment Supplier License Application,  
including this Affidavit, on behalf of  
Applicant

2. Applicant has at least one accredited physical facility that is staffed during reasonable  
business hours and is within one hundred miles of any Colorado resident Medicare  
beneficiary being served by the Applicant;
3. Applicant has sufficient inventory and staff to service or repair products; and
4. Applicant is accredited by an accrediting organization recognized and accepted by the  
Federal Centers for Medicare and Medicaid Services.

Authorized individual's signature: \_\_\_\_\_

Authorized individual's title or position:

Date:

\_\_\_\_\_ A notary public or other qualified person must complete the following section.

Subscribed and affirmed before me in the county of \_\_\_\_\_, state of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Official signature of Notary Public or other qualified person

[Insert seal above]