

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

## OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Texas Health Huguley Assessment Center  
Burleson, TX United States

Certificate Number:  
2017-248047

Date Filed:  
08/10/2017

Date Acknowledged:

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

City of Fort Worth

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

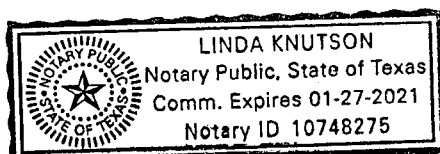
RFP 17-0346  
Annual Physical Fitness Assessments for Fire and Police

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Texas Health Huguley Assessment Center	Burleson, TX United States	X	

5 Check only if there is NO Interested Party. ☐

### 6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]  
Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Dayne Berkner, this the 10<sup>th</sup> day of August, 2017, to certify which, witness my hand and seal of office.

Linda Knutson  
Signature of officer administering oath

Linda Knutson  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath