

**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

[seal]

\_\_\_\_\_  
Commission expiration date