

FUEL COST ADJUSTMENT AFFIDAVIT

North Dakota Department of Transportation, Construction Services
 SFN 58393 (9-2019)

SP Fuel Cost Adjustment Clause

6 of 6

Attachment A

| | |
|-----|----------------|
| PCN | Project Number |
|-----|----------------|

The Contractor is not required to notify the Department at the time of submitting bids whether he will or will not participate in the fuel cost adjustment program. The Contractor shall return the affidavit on all Contracts with this Provision even if the Contractor elects not to participate.

Check the box for each fuel type that has a fixed price. No adjustments in fuel price will be made for the boxes that are checked.

Diesel
 Unleaded
 Burner

Does your company elect to participate in a fuel adjustment for this contract for the fuels that do not have a fixed price? No adjustments in fuel prices will be made if **No** is checked .
 Yes
 No

If yes, provide the total dollars for each of the applicable fuels:

| | |
|-----------------|---------------------------------|
| Diesel (D) | |
| Unleaded (U) | |
| Burner Fuel (B) | Original Contract Amount |
| Sum (D+U+B) | % of Original Contract Amount * |

*The sum of the D, U, and B may not exceed 15% of the original contract amount.

Under the penalty of law for perjury of falsification, the undersigned,

| | |
|----------------------|-----------------------|
| Name (print or type) | Title (print or type) |
|----------------------|-----------------------|

| |
|----------------------------|
| Contractor (print or type) |
|----------------------------|

hereby certifies that the documentation is submitted in good faith, that the information provided is accurate and complete to the best of their knowledge and belief, and that the monetary amount identified accurately reflects the cost for fuel, and that they are duly authorized to certify the above documentation on behalf of the company.

I hereby agree that the Department or its authorized representative shall have the right to examine and copy all Contractor records, documents, work sheets, bid sheets and other data pertinent to the justification of the fuel costs shown above.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Acknowledgement

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| State of |
|----------|

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|-----------|
| County of |
|-----------|

Signed and sworn to (or affirmed) before me on this day _____
 (month, day, year)

| | |
|---|--------------------|
| Name of Notary Public or other Authorized Officer (Type or Print) | Affix Notary Stamp |
| Signature of Notary Public or other Authorized Officer | |
| Commission Expiration Date (if not listed on stamp) | |