



**CERTIFIED PUBLIC ACCOUNTANT'S
AFFIDAVIT OF AUDIT AND CURRENT FINANCIAL RATIO
NAC 485.060**

Self-Insurance Applicant: _____

Name of Nevada Certified Public Accounting Firm: _____

Nevada Certified Public Accountant (CPA) License Number: _____

CPA'S Address: _____

CPA's Telephone Number: _____

Required Financial Ratio Information:

Total Current Assets: \$ _____

Total Current Liabilities: \$ _____

Current Financial Ratio: _____ %

I, the undersigned, being duly sworn, attest the financial statements of the above-mentioned Self-Insurance Applicant, _____, have been **audited**.

NOTE: TO BE SIGNED BY A **NEVADA** LICENSED CERTIFIED PUBLIC ACCOUNTANT ONLY (**NAC 485.060**).

CPA'S Printed Name _____

Signature _____

Date _____

NOTARIZATION:

State of _____ County of _____

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this individual. The statements on this document are subscribed and sworn to before me by the endorsee on this:

_____ day of _____, 20 _____

Notary Public Signature: _____

My Commission Expires: _____

Notary Seal