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I, _____, _____ of _____ dba _____
NAME TITLE NAME OF EMPLOYER

declares under penalty of perjury that the named employer herein has _____ **Full-Time** _____ **Part-Time Foreign national worker(s)** and _____ **Full-Time** _____ **Part-Time U.S. Citizen Worker(s), Immediate Relatives of Citizen(s), CNMI Permanent Resident(s), U.S. Permanent Resident(s)** (Pursuant NMIAC Subchapter 80-20.1 Employment Rules and Regulations, Part 200 Subpart B – **Private Sector Workforce Participation** by Citizens, CNMI Permanent Resident, and U.S. Permanent resident, § 80-20.1-210 (a)(b)(c)(d) **Participation Objective** or **FAS Worker(s)** (Pursuant NMIAC Subchapter 80-20.1 Employment Rules and Regulations, Part 100 – Commonwealth Employment Policies, § 80-20.1-110 **Secondary Preference for FAS Citizen**) and that this declaration was executed

at _____, Northern Mariana Islands on this _____ day of _____, 20_____.