



COUNTY ENGINEER CERTIFICATION

State Form 56519 (R / 7-23)
Prescribed by State Comptroller, 2018

State Comptroller
200 W Washington Rm 240, State House
Indianapolis, IN 46204
Telephone 317-232-3700
www.in.gov/aos

AFFIDAVIT REGARDING CERTIFICATION OF EMPLOYMENT

As required by IC 8-17-5-9, I _____, Auditor of _____ County (the "County") hereby affirms as follows to the State Comptroller (the "State") for the purposes of the engineer grant-in-aid subsidy under IC 8-17-5-10:

1. The County employs a full-time county highway engineer named _____.
2. The estimated average hours worked per week for the County Highway Engineer is _____.
3. For the _____ calendar year, the County Highway Engineer will be employed by the County for an estimated _____ weeks.
4. The County engineer is responsible for supervising the design, construction, planning, traffic, and other engineering functions of the county highway department, as required by IC 8-17-5-1 and IC 8-14-5-6.
5. The County engineer is licensed by the state board of registration for professional engineers and their serial number is as follows: _____
6. During the County engineer's employment they are a resident of the state of Indiana and their address is as follows: _____
7. Attached is a true and accurate copy of a paycheck stub from the most recent pay period, which is dated _____.
8. The County qualifies for the Engineer grant-in-aid subsidy under IC 8-17-5-10.

I affirm under the penalties of perjury that the foregoing is true to and accurate to the best of my information, knowledge, and belief.

By checking this box, I, _____, County Auditor of _____ County, Indiana, am signing this County Engineer Certification electronically in conformity with the Uniform Electronic Transactions Act (IC 26-2-8). I agree my electronic signature is the legal equivalent of my manual signature.

Due by January 31, _____

E-mail completed form to: LocalGovernment@auditor.in.gov