(PROVIDER LOGO/MUST BE PRINTED ON PROVIDER LETTERHEAD)

_____
(Date)

Mountainland Association of Governments
586 East 800 North
Orem, UT 84097

This letter is an affidavit stating that _____ maintains current Driver's Licenses for all Driver's, and current Vehicle Insurance and Registration documentation for all Vehicles used in providing services to clients enrolled under Medicaid Aging Waiver Program.

Signed:

_____
Contractor's Signature Date

_____
Type or Print Name

_____
Title

_____
Agency