Incubator Verification

If you require this document in an alternative accessible format or need accommodation to participate in this program, please contact the Oklahoma Department of Commerce at accessibility@okcommerce.gov or (405) 815-6552.

I, the undersigned, represent a Certified Incubator that is participating in the Incubator-Tenant Business Incentive Program ("the Program"). I hereby swear or affirm as follows:

1. The Applicant is /was an eligible incubator participant.
2. The Applicant is in good standing with the Incubator.
3. The Incubator supports the Applicant's proposed business-development activity.

Incubator Name: _____

Incubator Representative: _____

Incubator Comments: _____

_____

_____

_____

Signature: _____ Print Name: _____

Title: _____ Date: _____

E-mail: _____ Phone: _____