

**AFFIDAVIT OF EMPLOYMENT**  
**FOR**  
**CALIFORNIA STATUTE OF LIMITATIONS**

I, \_\_\_\_\_, certify, under penalty of perjury, under the laws of the United States of America, that the following is true and correct:

1. I submit this affidavit in support of the claim submitted by \_\_\_\_\_, (SSN \_\_\_\_\_) (the "Injured Party"). I have personal knowledge of the matters stated herein.

2. The Injured Party has engaged in the following regular occupations since being exposed to asbestos (describe each regular occupation in which the Injured Party has been engaged since the claimant was first exposed to asbestos):

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3. The Injured Party has/has not (circle one) stopped working in any of the regular occupations identified above as a result of exposure to asbestos.

4. If the Injured Party stopped working in one or more of the regular occupations identified above, then specify the relevant regular occupation and the date on which the Injured Party stopped working in that regular occupation as a result of exposure to asbestos:

**Occupation**

**Stop Date**

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Executed under penalty of perjury, under the laws of the United States of America, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Typed or Printed Name**