

**PALM BEACH COUNTY OFFICE OF SMALL BUSINESS ASSISTANCE  
APPLICATION FOR RECERTIFICATION**

Please read and sign this page prior to submitting Application

**AFFIDAVIT**

PALM BEACH COUNTY VENDOR ID # \_\_\_\_\_

The undersigned does hereby declare that the statements contained in this application and all attachments which have been provided in support of this application (hereafter referred to as THIS APPLICATION) are true, accurate and complete and include all material information necessary to identify and explain the ownership and operation of:

\_\_\_\_\_

**(Insert full name of applicant company here)**

Further, the undersigned agrees to provide the Certifying Agency (hereafter referred to as the AGENCY) with current, complete, and accurate information regarding THIS APPLICATION, its attachments, or any project or contracts issued by the organizations or corporations utilizing the AGENCY for their own small business enterprise or minority/woman business enterprise procurement and/or construction programs. The undersigned further agrees that, as part of this certification procedure, the AGENCY may freely contact any person or organization named in this application to verify statements made in THIS APPLICATION and/or to secure additional information or data required to grant to, or withhold from, the applicant company certification as a Small Business Enterprise (SBE) or Minority Business Enterprise (MBE), or Women-Owned Business Enterprise (WBE). The undersigned understands and agrees that failure to submit required materials and/or to consent to interview(s), audit(s), and/or examination(s) will be grounds for immediate rejection of the application for certification or recertification. The undersigned further agrees to remit a nonrefundable processing fee payment in the amount of \$150.00 with this application.

Further, the undersigned acknowledges that there are no written, oral or tacit agreements concerning the control and financial operation of the firm between any persons associated with the firm

Further, the undersigned understands that all documents submitted will become public record.

Further, the undersigned acknowledges on behalf of the applicant business that the applicant business is ready, willing and able to perform work for Palm Beach County Board of County Commissioners and intends to actively compete for such opportunities with the Board of County Commissioners as are within the applicant's scope of business.

It is recognized and acknowledged that the statements contained in THIS APPLICATION are true and that any material misrepresentation will be grounds for denial of certification or for decertification and may result in not awarding or terminating contracts which may be awarded as the result of information contained in THIS APPLICATION. It is further recognized that whoever makes such false statements or material misrepresentations may be found guilty of a misdemeanor or felony under Chapter 837, F.S.

Furthermore, the undersigned acknowledges that he/she may not fraudulently obtain, retain, attempt to obtain nor aid another in fraudulently obtaining or retaining or attempting to obtain certification; willfully make a false statement, to any official of a certifying jurisdiction or employee for the purpose of influencing the certification of an entity as an SBE, MBE or WBE; or willfully obstruct, impede or attempt to obstruct or impede any official or employee who is investigating the qualifications of a business entity which has requested certification.

**FRAUD**

The applicant further understands that false statements or material misrepresentation made in this application will be grounds for initiating action under local, state and federal laws which deal with fraud and perjury. The AGENCY may initiate actions as it deems appropriate, including but not limited to, forwarding pertinent information to the appropriate governmental authorities.

The undersigned further acknowledges that certification is normally reviewed every three (3) years. However, the AGENCY retains the right to reevaluate the certification of any firm at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (type or print )

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared \_\_\_\_\_

to me personally known or proven to be the person who did execute the foregoing affidavit, and represented that he/she was properly authorized by \_\_\_\_\_ (name of firm) to execute the affidavit and did so as his/her free act and deed.

\_\_\_\_\_  
**Notary Public**

State of \_\_\_\_\_

Commission Number \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**PALM BEACH COUNTY OFFICE OF SMALL BUSINESS ASSISTANCE**  
**APPLICATION FOR RECERTIFICATION**

A processing fee of \$150.00 must accompany this application. The fee may be either a cashier's check or money order payable to PBC Board of County Commissioners.

PALM BEACH COUNTY VENDOR ID # \_\_\_\_\_

Check  certification applied for:       Small Business Enterprise (SBE)     Minority/woman owned Business  
 (Check one or both)                                       Minority owned business or  Women owned Business

**PLEASE READ CAREFULLY - TYPE OR PRINT - ANSWER ALL QUESTIONS - ATTACH ADDITIONAL INFORMATION FAILURE TO FULLY COMPLETE APPLICATION OR PROVIDE DOCUMENTS WILL DELAY PROCESSING.**

**1. COMPANY NAME** \_\_\_\_\_

Principal Place of Business Address \_\_\_\_\_

Street Address \_\_\_\_\_

P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

D/B/A (Doing -Business-As) Name: \_\_\_\_\_

Federal ID No. (FEIN) or Social Security No. \_\_\_\_\_ DUNS Number \_\_\_\_\_

Telephone No. (     ) \_\_\_\_\_ Alt No. (     ) \_\_\_\_\_ Fax No. (     ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Internet Address: **Http://**\_\_\_\_\_

Business Owner(s) \_\_\_\_\_ M  F

\_\_\_\_\_ M  F

**PLEASE INDICATE IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST SBE CERTIFICATION:**

	YES	NO
1. Firm name	_____	_____
2. Street address	_____	_____
3. Mailing address	_____	_____
4. City/State/ZIP Code	_____	_____
5. Contact person	_____	_____
6. Area code/telephone number	_____	_____
7. Ownership and control of the firm	_____	_____
8. Business/services provided	_____	_____
9. Stock share ownership	_____	_____
10. The officers of the firm	_____	_____
11. New Stock Transfer Agreements	_____	_____
12. New Third Party Agreements	_____	_____
13. Did you acquire shares of another (not public) corporation	_____	_____
14. Change in Licensure	_____	_____
15. Do you exceed the averaged gross receipts for your industry	_____	_____

**NOTE: If "YES" is checked for any of the above questions, please submit appropriate documentation.**