

**Erie County / City of Buffalo
Joint Certification Committee**

MBE / WBE Disclosure Affidavit

Please return completed application and documents to the following voting members of the Joint
MBE / WBE Certification Committee

THE FOLLOWING AGENCIES ARE VOTING MEMBERS OF THE COMMITTEE

Adrian Rodriguez
Minority Business Enterprise Coordinator
County of Erie
Division of Equal Employment Opportunity
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Buffalo, New York 14202
(716) 858-8604
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Buyer
Buffalo Board of Education
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THE FOLLOWING ARE NON-VOTING MEMBERS OF THE COMMITTEE

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The following standards are used by the City/County committee in determining if a firm is a bona fide minority or women-owned business enterprise, legitimately owned, controlled and operated by one or more minority or female persons. This form is used to determine status as a MBE/WBE, and is not a statement as to qualifications or capability to perform. Certification granted by this committee shall apply to all member agencies.

1. The controlling interests in a firm represented to be a MBE shall be vested in an individual (s) who is a citizen or permanent resident alien (as defined by the Immigration and Natural Service) of the United States and who is:
 - a. African-American: A person having origins in any of the black racial groups of Africa.
 - b. Hispanic: A person of Mexican, Puerto Rican, Central or South American or other Spanish culture, regardless of race.
 - c. Asian or Pacific Islander: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example: China, Japan, Korea, the Philippines and American Samoa.
 - d. American Indian or Alaskan Native: A person having origins in any of the original groups of North America, including the Aleutian Islands, or who maintains cultural identification through tribal affiliation or community recognition, or who demonstrates at least one-quarter descent from such groups.

2. A MBE is an independent business concern which is at least 51% owned and controlled by minority group persons (51% for 100% City/County funded contracts); is or has the potential to be an independent and continuing enterprise and meets the following requirements:
 - a. The minority ownership's interest shall be real, continuing and substantial. Such interest is characterized by risk of loss/share of profit commensurate with the proportionate share of ownership and receipt of the customary incidents of ownership such as salary and/or intangible benefits. This beneficial ownership will be documented through corporate books, tax recording, etc.
 - b. The minority owner(s) must have and exercise the authority to independently control the business decisions of an MBE. The minority owner need not be continually present to be deemed in control. Characteristics of control include, but are not limited to: authority to sign bids and contracts; incurring liabilities for the firm; final staffing decisions; decisions in price negotiations; policy making; and general company management decisions.

3. A Women-Owned Business (WBE) is an independent business which is at least 51% owned, controlled and operated by women; is or has the potential to be an independent and continuing enterprise and meets the following requirements:
 - a. The female ownership's interest shall be real, continuing and substantial. Such interest is characterized by risk of loss/share or profit commensurate with the proportionate share of ownership and receipt of the customary incidents of ownership such as salary and/or intangible benefits. This beneficial ownership will be documented through corporate books, tax recording, etc.
 - b. The female owner(s) must have and exercise the authority to independently control the business decisions of a WBE. The female owner need not be continually present to be deemed in control. Characteristics of control include, but are not limited to: authority to sign bids and contracts; incurring liabilities for the firm; final staffing decisions; decisions in price negotiations; policy

making; and general company management decisions.

- c. The female ownership must also operate the business; that is being actively involved in the day-to-day management of the firm.
- 4. If the business is a sole proprietorship, the business shall be legitimately owned and controlled by a minority or female individual.
- 5. If the business is a partnership, the minority/female ownership shall be in control and hold at least 51% of the beneficial ownership interests. (51% on 100% City/County-funded contracts).
- 6. The firm shall perform a useful business function according to custom and practice in the industry.
- 7. There shall be no restrictions on the minority/female owner's ability to control the business through, for example: by-law provisions, partnership agreements, or charter requirements for cumulative voting rights which would prevent the minority/female ownership from making business decisions without the cooperation or vote of a non-minority (non-female) owner.
- 8. The contributions of capital or expertise by the minority/female owner(s) to acquire their interest in the firm shall be real and substantial. A promise to contribute capital, a note payable to the firm, or mere participation as an employee shall not be considered valid examples of capital contributions.

IN COMPLETING THE AFFIDAVIT, CIRCLE THE NAME, WHENEVER IT APPEARS, OF EVERY PERSON WHO, UNDER THIS DEFINITION, IS A MINORITY GROUP MEMBER OR A FEMALE.

EXAMPLE: 51% Ownership -

If a corporation authorizes the issuance of 200 shares of stock - 51% of this authorization would equal 102 shares.

Certification of an MBE and/or WBE corporation is based on ownership of at least 51% ownership.

- 9. That the Business has functioned for at least six months or that it has an observable history of its functioning.



**COUNTY OF ERIE / CITY OF BUFFALO
JOINT CERTIFICATION COMMITTEE
MBE / WBE DISCLOSURE AFFIDAVIT
CERTIFICATION APPLICATION**

General Instructions: (PLEASE TYPE OR PRINT CLEARLY. DO NOT LEAVE ANY SPACES ON THE APPLICATION.) If a question is not applicable to your business insert "N/A" in the space provided for your answer. You may make photocopies of the completed application as necessary. Whenever the space is insufficient to answer the questions completely, attach additional sheets as necessary. Use the question number to identify any answer continued on an additional sheet.

1a. Name and Street Address of Applicant Firm (*Enter the full legal name of the enterprise. For example, a corporation named ABC Construction, Inc. Should be identified as "ABC Construction, Inc.", not as "ABC Construction"*).

1b. "Doing Business As" (D/B/A) Name
(*Complete if firm does business under an assumed or trade name that is different from its legal name.*)

1c. Mailing Address (*Complete if different from street address.*)

2. Business Phone Number: () _____ FAX: () _____

3. Federal Employer Identification Number OR Social Security Number (*A Federal Employer Identification Number is required for most business activities. For an application and/or additional information, contact the U.S. Internal Revenue Service at (516)477-4955. Sole proprietorships may submit social security number of the owner in lieu of the federal identification number.*) _____

4a. Name of Company President/ Chief Executive Officer/ Owner

President

Chief Executive Officer

Owner

4b. Name & Title of officer of the firm who can be contacted during the application review process.

-
5. This Firm is applying for certification as: *(Please refer to page 16 of this application to determine the appropriate designation for your company. One or more categories may be designated.)*

Minority Business Enterprise (MBE)

Women-Owned Business Enterprise (WBE)

Disadvantaged Business Enterprise (DBE)

6. Does this firm have current Small Business Administration (SBA) 8 (a) status?

Yes

No

If Yes, please attach a copy of the SBA letter of approval.

7. Are you currently involved in the bidding process or other contract/purchase order negotiations with any governmental agency, department or authority?

Yes

No

If Yes, please identify agency, department or authority.

-
- 8a. Type of ownership *(Please specify current ownership.)*

Sole Proprietorship _____ Certificate of Trade Name on file in _____
Date Established County

Partnership _____ Business Certificate for Partners on file in _____
Date Established County

Corporation _____ Certificate of Incorporation on file in _____
Date Established State

8b. Did the business exist under a different type of ownership prior to the date indicated in question 8a?

Yes

No

If Yes, Explain _____

8c. Has your Certificate of Incorporation or business certificate been amended?

Yes

No

If Yes, Explain _____

8d. Method of Acquisition (*check all applicable*):

Started New Business

Bought Existing Business

Inherited Business

Secured Franchise

Secured Concession

Merger or Consolidation

Other

Date of Acquisition _____

8e. Name & Position of all person(s) with ownership interest.

(*Check all that are applicable. If no positions are held, state 'none'.*)

Name	Position	Group Code*	% Owned	Sex	US Citizen or Permanent Resident Alien
_____	_____	_____	_____	M F	Yes No
_____	_____	_____	_____	M F	Yes No
_____	_____	_____	_____	M F	Yes No

11. Gross Receipts (Sales). Please provide gross receipts for the last 3 years.
(If in business for less than 3 years complete as applicable.)

\$ _____ \$ _____ \$ _____
Current Year (_____) Last Year (_____) Previous Year (_____)

12. Number of employees (Please average over the past year.)

Permanent	Temporary
Full-Time _____	Full-Time _____
Part-Time _____	Part-Time _____

13. If licensing, permits or accreditation is required to conduct the business, please identify:

<i>Type of License/Permit</i>	<i>Issued by</i>	<i>Issue Date</i>	<i>Exp. Date</i>	<i>Holder/Registrant</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14a. Check all that best describe the business operation.

Construction-Related

Professional Service

Technical Service

Consumer Service

Manufacturer/ Supplier

Retail

Other (explain) _____

14b. Describe principal products/commodities sold, specialties or services offered (Please explain.)

15a. Identify those individuals responsible for managerial operations (*State if owner or non-owner.*)

*For Group Codes, see Page 17.

<u>Name & Title</u>	<u>Sex</u>		<u>Group Code*</u>	<u>Owner or Non-Owner</u>	
1.Financial Decisions					
_____	Male	Female	_____	Owner	Non-Owner
_____	Male	Female	_____	Owner	Non-Owner
2.Estimating					
_____	Male	Female	_____	Owner	Non-Owner
_____	Male	Female	_____	Owner	Non-Owner
3.Preparing Bids					
_____	Male	Female	_____	Owner	Non-Owner
_____	Male	Female	_____	Owner	Non-Owner
4.Negotiating Bonding					
_____	Male	Female	_____	Owner	Non-Owner
_____	Male	Female	_____	Owner	Non-Owner
5.Negotiating Insurance					
_____	Male	Female	_____	Owner	Non-Owner
_____	Male	Female	_____	Owner	Non-Owner
6.Marketing & Sales					
_____	Male	Female	_____	Owner	Non-Owner
_____	Male	Female	_____	Owner	Non-Owner
7.Hiring & Firing					
_____	Male	Female	_____	Owner	Non-Owner
_____	Male	Female	_____	Owner	Non-Owner
8.Supervising Field Operations					
_____	Male	Female	_____	Owner	Non-Owner
_____	Male	Female	_____	Owner	Non-Owner
9.Purchasing Equipment/Supplies					
_____	Male	Female	_____	Owner	Non-Owner
_____	Male	Female	_____	Owner	Non-Owner
10.Managing & Signing Payroll					
_____	Male	Female	_____	Owner	Non-Owner
_____	Male	Female	_____	Owner	Non-Owner
11.Negotiating Contracts					
_____	Male	Female	_____	Owner	Non-Owner
_____	Male	Female	_____	Owner	Non-Owner
12.Signators for Business Accounts					
_____	Male	Female	_____	Owner	Non-Owner
_____	Male	Female	_____	Owner	Non-Owner

15b. Please Identify additional staff persons. *If any individual also works for another firm, please circle yes and provide the person's name, his/her position, other firm's name, address, and telephone number.*

Name & Position	Other Firm Name, Address	Phone
-----------------	--------------------------	-------

1. Office staff

Yes	No	()
Yes	No	()

2. Field/supervisory staff

Yes	No	()
Yes	No	()

3. Estimator

Yes	No	()
Yes	No	()

4. Controller

Yes	No	()
Yes	No	()

5. Consultant (*for firms involved in providing consultant/technical service or advisory service:*)

Yes	No	()
Yes	No	()

15c. If this firm shares the following with any other firm, *please provide the other firm's name, address & telephone number.*

Other Firm Name	Address	Phone
-----------------	---------	-------

1. Office space

()
()

2. Yard space

()
()

3. Equipment (include rentals)

	()
	()

16a. List rented, leased, or owned warehouse, plant, yard, and office facilities.

<i>Facility type</i>	<i>owner or name of Lessor and/or rental agent</i>	<i>If rented or leased, Amount of yearly rent payment</i>

16b. List major equipment or machinery that is owned or leased by the firm.

<i>Type</i>	<i>Depreciated dollar value</i>	<i>Acquisition date</i>	<i>Payment terms</i>

17. Do any principals, officers and/or owners of the firm have an affiliation (i.e. business interest or employment) with any other firm?

Yes If Yes, please complete the following:
 No

<i>Name of person</i>	<i>Firm name & address</i>	<i>Phone number</i>	<i>Nature of business</i>	<i>Nature of affiliation</i>
		()		
		()		
		()		
		()		
		()		

18. Attorney for firm.

Name

Street Address

City State Zip Code Phone Number ()

19. C.P.A. or Accountant for firm.

Name

Street Address

City State Zip Code Phone Number ()

20a. Has the firm applied for certification as an M/WBE, or DBE with another governmental agency, department or authority?

Yes *If Yes, complete the following:*

No

<u>Agency</u>	<u>Date</u>	<u>Contact Person</u>	<u>Phone</u>	<u>Specify M/W/DBE</u>
1. Pending with			()	
			()	
			()	
2. Certified by			()	
			()	
			()	
3. Registered by			()	
			()	
			()	
4. Withdrawn/Closed out			()	
			()	
5. Rejected by			()	

6. Denied by

_____ () _____

7. Decertified by

_____ () _____

20b. Are there appeals pending on any of the above applications or certifications?

Yes

No

<u>Agency</u>	<u>Date of Appeal</u>	<u>Contact Person</u>	<u>Phone</u>
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()

21. List the three largest accounts for which the applicant has provided goods or services within the last two years:

<u>Firm Name & Phone</u>	<u>Account Dollar Amount</u>	<u>Location of Performance</u>	<u>Duration</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

22. Identify Bank(s) where firm's accounts are maintained.

<u>Bank Name</u>	<u>Address</u>	<u>Contact</u>	<u>Type of Account</u>	<u>Account No.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

23. Do you have a line of Credit?

Yes *If Yes, Identify*

No

<u>Source</u>	<u>Limit</u>	<u>Name of Guarantor(s)</u>
_____	_____	_____
_____	_____	_____

24. List major current creditors and/or lenders and types of investments and/or loans in the firm.

Name of creditor/lendor	Type of investment/ credit/loan	Dollar value of investment/ /terms/credit/loan
_____	_____	_____
_____	_____	_____
_____	_____	_____

25. If your company is owned in full or in part by another firm, please identify the firm and the percentage of ownership interest. Include venture capitalists and other similar investors.

Firm Name	Address	Percentage Ownership
_____	_____	_____
_____	_____	_____

26. Is the firm bonded? *If yes, specify type and limit:*

Yes

No

Bonding Company _____

Address _____

Telephone (____) _____ Contact Person _____

Type _____ Limit _____

SUPPORTING DOCUMENTS

A. REQUIRED FOR ALL APPLICANTS

Attached copies of the following, if applicable. Please indicate documents submitted by checking appropriate boxes.

NOTE: If appropriate documents are not submitted AND no written explanation is given, application will be returned to you.

1. Resumes of all principals, partners, officers and/or key employees of the firm as per 8(e), 10(a) and 15(a). Show home address and telephone number, education, training and employment with dates.
2. Bank signature card, bank resolution, or letter from the bank identifying persons authorized to conduct transactions, level of authority and limitations, if any.
3. Current financial statement
4. Most recent three years' Federal, State and City tax returns including all schedules, where applicable.
5. Proof of sources of capitalization / investments.
6. Proof of ethnicity (i.e., Birth Certificate, Baptismal Certificate, U.S. Passport, etc.)
7. Proof of U.S. citizenship (i.e., Birth Certificate, Baptismal Certificate, U.S. Passport, Naturalization Certificate, etc.)
8. Proof of permanent resident alien status i.e., permanent resident ("green") card.
9. Lease Agreements per 16(a) and 16(b)
10. All third party agreements including: equipment rental, purchase agreements, management service agreements, etc.
11. Any employment agreements.
12. Vehicle registration(s).
13. Any certification, decertification or denial or certification documentation.
14. Proof of Small Business Administration 8(a) Certification (copy of all approval letters).
15. Written request for exemption from disclosure regarding trade secrets.

SUPPORTING DOCUMENTS

B. REQUIRED FOR A SOLE PROPRIETORSHIP-

(Attach copies of the following: Please indicate documents submitted by checking appropriate boxes)

1. Copy of Certificate of Trade Name or Business Trade Name filed with County Clerk (if doing business under an assumed name).

C. REQUIRED FOR A PARTNERSHIP AND A JOINT VENTURE PARTNERSHIP-

(Attach copies of the following: Please indicate documents submitted by checking appropriate boxes)

1. Business Certificate.
2. Partnership agreement.
3. Buy-out Rights.

D. REQUIRED FOR A CORPORATION-

(Attach copies of the following: Please indicate documents submitted by checking appropriate boxes)

1. Articles of incorporation, including date approved by State.
2. Corporation By-Laws.
3. Minutes of first corporate organizational meeting and amendments.
4. Copies of all issued stock certificates, front and back, as well as next, unissued certificate.
5. Copy of stock ledger.
6. If applicable, furnish copies of agreements relating to:
 - a. Stock options
 - b. Shareholder agreements
 - c. Shareholder voting rights
 - d. Restriction on the disposal of stock loan agreements
 - e. Facts pertaining to the value of shares
 - f. Buy-out rights
 - g. Restrictions on the control of the corporation

7. List of current Board of Directors including group code, sex, and effective dates.

<u>Name</u>	<u>Position</u>	<u>Group Code</u>	<u>Sex</u>	<u>Date</u>
_____	_____	_____	Male	Female _____
_____	_____	_____	Male	Female _____
_____	_____	_____	Male	Female _____

DEFINITIONS OF MBE, WBE AND DBE

MINORITY BUSINESS ENTERPRISE (MBE) - A business enterprise which is at least fifty-one percent (51%) owned by, or in the case of a publicly owned business at least fifty-one percent (51%) of the stock of which is owned by citizens or permanent resident aliens meeting the ethnic definitions of:

- 01 Black
- 02a Hispanic
- 03a Asian-Pacific
- 03b Asian-Indian
- 04 Native American

WOMEN-OWNED BUSINESS ENTERPRISE (WBE) - A business enterprise which is at least fifty-one percent (51%) owned by or in the case of a publicly owned business at least fifty-one percent (51%) of the stock of which is owned by citizens or permanent resident aliens who are women.

DISADVANTAGED BUSINESS ENTERPRISE (DBE) - A small business concern which is at least fifty-one percent (51%) owned and controlled by one or more socially and economically disadvantaged individuals or, in the case of a publicly owned business, at least fifty-one (51%) of the stock of which is owned by one or more socially and economically disadvantaged individuals; and whose management and daily business operations are controlled by one or more such individuals.

“Socially and economically disadvantaged individuals” are individuals who are citizens or lawful permanent residents of the United States and who are:

- 01 Black
- 02a Hispanic
- 02b Portuguese
- 02c Spanish
- 03a Asian-Pacific
- 03b Asian-Indian
- 04 Native American

Women, regardless of race or ethnicity

Members of other groups or other individuals found, on a case-by-case basis, to be economically and socially disadvantaged by the U.S. Department of Transportation grant recipients or by the Small Business Administration under Section 8(a) of the Small Business Act, as amended (15 U.S.C.637 [a]).

UNDER EACH CERTIFICATION CATEGORY, OWNERSHIP MUST BE REAL, SUBSTANTIAL AND CONTINUING. THE APPLICANT MUST HAVE AND EXERCISE THE AUTHORITY TO INDEPENDENTLY CONTROL THE BUSINESS DECISIONS OF THE ENTERPRISE.

DEFINITIONS OF GROUP CODES

<u>Group Code</u>	<u>Group Name</u>	<u>Group Definition</u>
01	Black	Persons having origins from any of the Black African racial groups.
02a	Hispanic	Persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American descent of either Indian or Hispanic origin, regardless of race.
02b	Portuguese	Persons whose culture or origin is rooted in Portugal.
02c	Spanish	Persons whose culture or origin is rooted in Spain.
03a	Asian-Pacific	Persons having origins from the Far East, Southeast Asia or the Pacific Islands.
03b	Asian-Indian	Persons having origins from the Indian subcontinent.
04	Native American	Persons having origins in any of the original peoples of North America.
05	Non-Minority	Persons whose culture or origin is other than those defined above.
06	Other	Persons other than those defined above who believe they are socially and economically disadvantaged.

UNIFORM CERTIFICATION APPLICATION

This application must be verified under oath in the following manner:

(A) if the enterprise is a sole proprietorship, by owner; or if the enterprise is a partnership, by partner; or

(B) if the enterprise is a corporation, by the principal officer designated by the Board of Directors. All applicants **MUST** read and review all items preceding the verification before signing. These items contain responsibilities of the applicant, rights retained by the State of New York and penalties that may be applied for false statements.

FIRST, this Application form, the supporting documents, and any other information provided in support of the Application are considered part of the Application. It is recognized and acknowledged that the information contained in this Application is given under oath and the any misrepresentation may be grounds for denial of certification, revocation of certification, not awarding or terminating any contracts which may be awarded the Applicant by the State of New York. In addition, the applicant further understands that any misrepresentation made in this Application is subject to both the civil and criminal laws of the State of New York.

SECOND, pursuant to the provisions of the Personal Privacy Protection and Freedom of Information Laws, an agency may not disclose information submitted in an Application, unless such disclosure is made pursuant to applicable federal and state laws. Except as provided in paragraph eight below, information, which an applicant request (in writing) to be held exempt, will be exempt from disclosure under the New York State Freedom of Information Law, if it qualifies as a trade secret or confidential information.

THIRD, DMWBD may require proof of minority or women status, in addition to the information disclosed in this Application. By filing this Application, the applicant agrees to submit additional proof if it is requested, and acknowledges that DMWBD may decide not to certify the Applicant as a Minority or Women-Owned Business, if the additional proof is not submitted within 20 days after it is requested by DMWBD.

FOURTH, by filing this Application, the Applicant consents to periodic examination of its books, records and an interview of its principals and employees by DMWBD for the purpose of determining whether the Applicant is, or continues to be, an eligible Minority or Women-Owned Business. The applicant acknowledges that its certification may be immediately denied or revoked, if such examinations or interviews are refused; or if DMWBD determines as a result of the examinations or interviews, that the Applicant does not qualify or continues to qualify as a Minority or Women-Owned Business Enterprise.

FIFTH, by filing this Application, the Applicant consents to inquiries that may be directed by DMWBE to the Applicant's bonding companies, banking institutions, credit agencies, contractors, clients and other certifying agencies for the purpose of ascertaining the applicant's eligibility of certification. If the Applicant fails to permit such inquiries to be made, such failure may be grounds for denying or revoking the Applicant's certification.

SIXTH, the Applicant agrees to provide notice to DMWBD of any material change in the information contained in the original application within 30 days of such change.

SEVENTH, certification is normally granted for a period of two (2) years. However DMWBD may require the submission of a New Application, additional information, examinations of the Applicant's principals and employees at any time before the expiration of the two (2) year certification period. The Applicant's Failure to submit such material, or to consent to such examinations and interviews, shall be grounds for immediate revocation of certification.

EIGHTH, by filing this Application, the Applicant consents to DMWBD's sharing reports, summaries, reviews, analyses, recommendations and determinations related to this Application with other certifying agencies, which may request such information as a result of the Applicant submitting this application for Certification to those agencies.

I have read and acknowledge the foregoing.

Signature of Owner/Applicant

VERIFICATION

STATE OF _____)
) **SS.:**
COUNTY OF _____)

(A)

_____, being duly sworn, states he or she is the owner of (or a partner in) the enterprise making the foregoing Application and that the statements and re-presentations made in the Application are true to his or her own knowledge.

(B)

_____, being duly sworn, states that he or she is the
Name of Corporate Officer
_____, of _____,
Title of Corporate Officer Name of Corporation

the enterprise making the foregoing application, that he or she has read the Application and knows its contents, that the statements and representations made in the Application are true to his or her knowledge, and that the Application is made at the direction of the Board of Directors of the Corporation.

Signature **Date**

Sworn to before me this _____
day of _____, 20_____

Notary Public

Person assisting in completing the Application: _____
Print Name

Signature **Telephone No.**