

Affidavit of Ethnic Designation

I, _____, do hereby affirm that I present myself within my community as (check one of the options below)

- African-American (a person having origins in any of the racial groups of the African Diaspora)
 - Asian-American (a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Island, including the Hawaiian Islands prior to 1778)
 - Hispanic-American (a person of Spanish or Portuguese culture with origins in Spain, Portugal, Mexico, South America, Central America, or the Caribbean)
 - Native-American (a person who has origins in any of the Indian Tribes of North America prior to 1835, upon presentation of proper documentation thereof as established by the Department of Management Services)
 - American women (Non-Ethnic Female)
- All information and documents submitted as part of the Minority Business Enterprise Certification Application Process or Affidavit for Recertification become an official public record. As such, the certifying entity bears no obligation to return to the applicant any items of original production or any copies of file documents.
 - We may request additional documentation.
 - Pursuant to Section 287.094, Florida Statutes, the false representation of any entity as a minority business enterprise for purpose of qualifying for certification as such under this program may be punished as a felony of a second degree. The certifying entity may initiate such disciplinary actions it deems appropriate including, but not limited to, forwarding pertinent information to legal counsel for investigation and possible prosecution.

Further, applicant declares and affirms that ownership and management of this firm have not changed, except as indicated in the application/ affidavit, during the past year since certification status was granted:

Authorized Officer (please print)

Signature

Title

Company Name

On this . day of _____ 20____, _____ personally appeared before me, the undersigned officer authorized to administer oaths, know to me the persons described in the foregoing affidavit who acknowledged that he/she execute the same in the capacity stated for the purpose therein contained.

In witness whereof, I have hereunto set my hand and official seal.

Notary Public

Form of Identification Presented

My Commission expires _____