



**APPLICATION FOR ADDITIONAL AREAS OF CERTIFICATION**

NAME OF BUSINESS (including fictitious name):

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BUSINESS FEDERAL ID NUMBER OR OWNERS SOCIAL SECURITY NUMBER:

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Specify the additional product(s) sold or services for which the company requests certification:

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- (1) State the number of employees: Full-time, permanent \_\_\_\_\_  
 Part-time, permanent \_\_\_\_\_  
 Independent contractors \_\_\_\_\_

- (2) Is a trade or professional license required for the additional specialty(s) of the business? Yes\_\_\_\_  
 No\_\_\_\_\_

If yes, complete the following for the licensee(s):

Name	Minority Status	License Number	Issuing Agency

- (3) If professional licensee is a new employee or newly hired to qualify the business, provide a **copy of his/her resume** showing education, training and employment, with dates.
- (4) Provide copies of several recently executed contracts and/or invoices, receipts to customers for each group of products sold and/or services provided. Customers **cannot** be state agencies.



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- (5) If the business was originally certified over **one** (1) year ago, provide a recent financial statement for the last fiscal year, including a balance sheet, income statement and accompanying notes.
  - (6) If the business' minority owner(s) has acquired additional training or education related to the provision of additional products sold or services provided, list courses, seminars, apprenticeships, etc.
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### SUPPLIERS ONLY:

- (7) **Average dollar value of customary inventory:** \_\_\_\_\_
- (8) **Provide a detailed, itemized listing of business' inventory of products, including quantity of each product customarily stocked and dollar value.**



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By signing and submitting this application, I acknowledge individually and on behalf of the applicant business that the applicant and I understand that:

- \* The applicant has the burden of establishing entitlement to certification.
- \* All information and documents submitted along with the Unified Certification Application Process or Affidavit for Re-certification 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.**
- \* The applicant consents to examinations of its books, records and premises and to interviews of its principals, employees, business contacts, creditors, and bonding companies by the certifying entity for the purpose of determining the applicant’s eligibility for certification.
- \* **The certifying entity may request additional documentation not requested on this application.**
- \* 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 punishable 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 the Department of Legal Affairs and/or certifying entity’s 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:

**(Corporate Seal)**

\_\_\_\_\_

**Authorized Officer (please print)**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Title**

\_\_\_\_\_

**Company Name**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me, the undersigned officer authorized to administer oaths, known to me the person described in the foregoing affidavit who acknowledged that he/she execute in 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 \_\_\_\_\_