



**MINORITY BUSINESS ENTERPRISE
AFFIDAVIT FOR RE-CERTIFICATION**

_____ Date

1. Name of Firm: _____

2. Address of Firm: _____
(Street & #) (City) (State/Zip)

3. Mailing Address: _____
(Street & #) (City) (State/Zip)

4. Business Telephone Number(s): () _____

5. Business Fax Number: () _____

6. E-Mail Address: _____

7. Website Address: _____

8. Contact Person: _____

9. **MINORITY GROUP STATUS:** Specify the minority group and percentage of ownership of the person(s) who owns and controls 51% or more of the firm.

African American _____%	Asian American _____%
Native American _____%	Hispanic American _____%
American Woman _____%	

10: **Type of Ownership:** (Check One)

- Corporation
- Partnership
- Sole Proprietorship

11. List current owners' names and percentage of ownership:

_____	_____
_____	_____
_____	_____



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12: Has ownership changed in the past year? _____ Yes _____ No

If yes, please explain: _____

13. List names of directors, officers and managers who participate in day to day management of the firm, their titles, duties and responsibilities:

Names/Titles	Duties/Responsibilities
_____	_____
_____	_____
_____	_____

14. **NATURE OF BUSINESS:** Has the nature of your business changed? _____ Yes _____ No
If yes, please specify major services/products changes: _____

15. **FOR RE-CERTIFICATION, THE FOLLOWING DOCUMENTS SHOULD BE SUBMITTED ALONG WITH THE APPLICATION:**

- (a) A copy of current financial statement
- (b) Latest Federal Income Tax Return
- (c) Copy current occupational license and business licenses

16. Number of full-time employees: _____

17. Annual gross revenue last fiscal year: \$ _____

18. Net worth of firm: \$ _____



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19. State any changes that have occurred (location, legal form of business, ownership, and management, etc.): _____

20. Has a governmental entity denied MBE certification to your firm during the past year?
_____ Yes _____ No If yes, please identify the governmental entity and location:



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

- ❖ The applicant has the burden of establishing entitlement to re-certification.
- ❖ All information and documents submitted along with the Unified Certification Application Process (UCAP or Affidavit for Re-certification become an official public record. As such, **the certifying agency bears no obligation to return to the applicant any items of original production or any copies of file documents.**
- ❖ The applicant consents to examination 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 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 _____