



SMALL BUSINESS ENTERPRISE (SBE) PROGRAM

“Declaration of Certification”

Please Print Clearly

I. BUSINESS PROFILE <i>(attach additional sheets, if needed)</i>			
Business Name:			
Owner/Name:	Title:	Ownership Percentage:	
Owner/Name:	Title:	Ownership Percentage:	
Business Address:			
City:	State:	Zip:	
Mailing Address (if different):			
City:	State:	Zip:	
Business Telephone: ()		Fax: ()	
Email:		Website:	
Date Established:	State of Incorporation:	FEIN:	
Number of Current Employees:	Full Time:	Part-Time:	
Primary Activities of Business:			
NAICS Codes:			
Legal Business Structure (please check one)			
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Corporation (LLC)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor
Provide the firm's annual gross receipts, before deducting expenses for the last three (3) years:			
Year:	Gross Receipts:		
Year:	Gross Receipts:		
Year:	Gross Receipts:		

I understand that the MRCC reserves the right to request U.S. Federal Corporate (or personal) income tax returns confirming gross receipts.

Affiliates to your firm: An affiliate is an individual or concern that has the power to control the firm, or a concern over which the firm has power to exercise control, including indirectly or through a third-party, considering factors such as ownership, management, and previous relationships including contractual as further defined in U.S. Small Business Administration (SBA) 13 Code of Federal Regulations (CFR) Subsection(s) 121.103(1)-(6).

Is your firm co-located at any other business location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Does your firm share a telephone number, P.O. Box, office space, yard or warehouse, facilities, equipment, or office staff with any other business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Firm's Name	Nature of shared facilities

Do any of the owners have ownership or perform management and/or supervisory functions any other firm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Firm's Name	Function/Title

II. CAPACITY *(attach additional sheets, if needed)*

List the three largest contracts completed by your firm in the past three years, if any:

Name of Owner/ Contractor	Name/ Location of Project	Type of Work Performed	Dollar Value of Contract

List the three largest active jobs on which your firm is currently working, if any:

Name of Prime Contractor	Location of Project	Type of Work	Project Start Date	Anticipated Complete Date	Dollar Value of Contract

Is your firm certified by any other agencies? (If Yes, check appropriate box(s).):	<input type="checkbox"/> SBE	Name of Certifying Agency:
	<input type="checkbox"/> 8(a)	

III. NOTARIZED ACKNOWLEDGEMENT AND AFFIRMATION

Note: It is the responsibility of the signatory to submit an updated "Declaration of Certification" every three (3) years from their initial date of submission. All information provided in this declaration will be treated as confidential.

I agree to update my registration as a *Small Business Enterprise* (SBE) within thirty (30) calendar days of changes such as: ownership, address, telephone number, fax number, e-mail address, point of contact, etc. Additionally, if any such changes occur, I will submit a revised "Declaration of Certification". I acknowledge and agree that any misrepresentations on this "Declaration of Certification" may be grounds for permanent removal from the program.

The undersigned does hereby make the following acknowledgement:

I, _____ affirm that I am the

_____ (TITLE) and an authorized agent of

_____.

I do solemnly declare, under the penalties of perjury, that the contents of this document are true and correct to the best of my knowledge.

IV. NOTARY PUBLIC

I, _____, a Notary

Public in the State of _____ do hereby certify that

_____, appeared before me and is known to me (or satisfactorily proven) to be the person whose name is subscribed to within this document.

Subscribed and sworn before me on the _____ day of _____, 20_____.

Notary Public _____ My Commission Expires: _____ (Seal)