

DO NOT COMPLETE OFFICE USE ONLY	SERVICE

**HILLSBOROUGH COUNTY BOARD OF COUNTY COMMISSIONERS
ECONOMIC DEVELOPMENT DEPARTMENT
DM/DWBE & SBE PROGRAMS
RECERTIFICATION/REREGISTRATION UPDATE AFFIDAVIT**

HC-_____ & HC-_____
Certification and Registration Numbers

Date _____

Name of Firm: _____

Address of Firm: _____
 Number Street City County State Zip

Mailing Address (If different from above): _____

E-mail Address _____

Business Telephone Number(s): (_____) _____

Business Fax Number: (_____) _____

Contact Person _____

Please provide responses to the following:

Does the company employ more than 50 full-time permanent employees averaged over a two year period (DMBE/DWBE) and does the company employ more than twenty-five (25) permanent employees (SBE)?
 Yes [] No []. If yes, please indicate number. _____

Is the company's net worth (stockholders equity) over \$2,000,000.00(DMBE/DWBE)? Yes [] No [],
 Is the company's gross receipts averaged over the previous three years over \$3 million (SBE) Yes [] No []

If yes to either question, please provide the financial documents to substantiate your answer.

Does the business continue to be principally domiciled in the State of Florida (DMBE/DWBE)? Yes [] No []

Does the business continue to be principally domiciled within Hillsborough County? Yes [] No []

Has the business owner and/or principals completed eight (8) hours of training? Yes [] No []

Provide copy of certificate and/or documentation showing the 8 hours of training. Firms that have been in business for more than 10 years are exempt from this requirement. Check here

Has the nature of your business changed? Yes [] No []. If yes, please specify.

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

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

- The applicant has the burden of establishing entitlement to re-certification and re-registration.
- The applicant has completed the required eight (8) hours of training. Documentation to be provided as proof i.e., Certificate of Achievement, Certificate of Attendance, etc.
- The applicant has provided a copy of all licenses and certificates.
- All information and documents submitted become an official public record. As such, the County bears no obligation to return to the applicant any items of original production or any copies of file documents.
- The County 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 County may initiate such disciplinary actions it deems appropriate including, but not limited to, forwarding pertinent information to the Office of the County Attorney 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 affidavit during the past two (2) years since certification status was granted:

Owner (please print)

Signature

Title

Company Name

STATE OF FLORIDA
COUNTY OF _____

The foregoing Affidavit was acknowledged before me this _____, day of _____, 20 _____,
by _____, who is personally known to me or who has
produced _____ as identification and who did/did not take an oath.

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

NOTARY PUBLIC (Signature)

(Seal)

NOTARY PUBLIC (printed name)

My Commission Expires: _____

Return To:
Hillsborough County Economic Development Department,
Minority and Disadvantaged Business Attn: Rita Sauri
601 E. Kennedy Blvd, 20th Floor Tampa, FL 33602
Phone: (813) 307-8309