

Office of Supplier Diversity

Application for Re-Certification

Submit Application to:
Office of Supplier Diversity
Department of Management Services
4050 Esplanade Way, Suite 380
Tallahassee, Florida 32399

Information provided for certification is public record pursuant to Chapter 119, Florida Statutes.

APPLICATION FOR RE-CERTIFICATION

*****ATTENTION*****

ALL INFORMATION MUST BE COMPLETED FOR PROCESSING

State of Florida

Certifying Entity: **Office of Supplier Diversity (OSD)**

Date: _____

Name of Firm: _____

Address of Firm: _____

(☐) check if new (Street & #) (City) (State/Zip)

FEIN of Company: _____

Mailing Address: _____

(☐) check if new (Street & #) (City) (State/Zip)

Business Phone No.: _____ Fax No. _____

(☐) check if new (☐) check if new

Contact Person: _____

E-Mail Address: _____

(☐) check if new

Web Page Address: _____

(☐) check if new

DESIGNATION: Specify the group and percentage of ownership AND management of the person(s) **who own and control 51% or more of the organization.**

AFRICAN AMERICAN MALE _____% ASIAN AMERICAN MALE _____%

AFRICAN AMERICAN FEMALE _____% ASIAN AMERICAN FEMALE _____%

NATIVE AMERICAN MALE _____% HISPANIC AMERICAN MALE _____%

NATIVE AMERICAN FEMALE _____% HISPANIC AMERICAN FEMALE _____%

NON-MINORITY WOMAN _____% VETERAN _____%

TYPE OF OWNERSHIP: (Check One)

____ Corporation

____ Partnership

____ Sole Proprietorship

List current owners' names and percentage of ownership and management. Include date of ownership control, if applicable:

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

Names/Titles	Duties/Responsibilities
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

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

Licenses required to conduct business. List any required local, county and/or state active business/occupational license(s) & permit(s) required to operate the business (i.e. building, roofing, architect/engineers, mechanical, etc.)

Licensee's Name	Issued By	License No.	Expiration Date	Minority Status	% of Ownership
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
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<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Number of permanent, full-time employees: _____
(DO NOT INCLUDE CONTRACT (1099) EMPLOYEES)

Annual gross revenue last fiscal year: \$ _____

Annual gross revenue from State Contracts last fiscal year: \$ _____

Net worth of firm: \$ _____

Does the net income of firm for prior two years exceed two million dollars? (Average net income after federal income taxes, excluding any carryover losses) _____ Yes _____ No

(Sole Proprietors Only) Does your personal net worth exceed five million dollars? _____ Yes _____ No

State any changes in the firm that have occurred (location, legal form of business, ownership, and management, etc.) since its original certification or last recertification:

Has a governmental entity denied certification (MBE, WBE or VBE) to your firm during the past year?
_____ Yes _____ No

If yes, please identify the governmental entity and location:

AFFIDAVIT

I, _____, am the authorized officer and representative of the firm for re-certification. By signing and submitting this affidavit, I acknowledge, individually and on behalf of the applicant, that:

1. All documents submitted to the OSD in support of the Application for Re-certification become public records upon submission. OSD has no obligation to return submitted documents. If proprietary, confidential business information is included in the documents, the applicant must designate such information as confidential by submitting a redacted copy of the documents to OSD, in addition to the originals. OSD has no obligation to protect an applicant's proprietary, confidential business information from disclosure in the absence of the applicant's submission of a redacted copy of its documents.
2. OSD may examine the applicant's books, records and premises; interview its principals, employees, business contacts, creditors, and bonding companies; and request documentation in addition to that requested on the Application for Re-Certification for the purpose of determining eligibility for re-certification
3. Submission of a false representation for the purpose of qualifying for re-certification is a felony of the second degree under section 287.094(1), Florida Statutes. OSD may initiate disciplinary action against an applicant and its owner(s) for violation of section 287.094(1), including forwarding pertinent information to the Department of Legal Affairs for investigation and prosecution.
4. Ownership and management of the applicant's firm have not changed during the past two years, except as stated on the application.

I understand that I am swearing or affirming under oath to the truthfulness of the statements made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

(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 _____