



BUSINESS DEVELOPMENT DIVISION

400 East South Street ■ Reply To: Post Office Box 1393 ■ Orlando, Florida 32802-1393
(407) 836-8362 ■ (407) 836-2994 ■ <http://www.orangecountyfl.net>

RE-CERTIFICATION APPLICATION

DATE: _____

COMPANY NAME: _____

EXPIRATION DATE: _____

RE: Re-Certification Application

Your certification status will soon expire. Please complete, notarize, and return the attached Affidavit for Re-certification **(ensure page 4 is properly completed)**. **Include the most current true copies of:**

- 1) All **Local Business Tax Licenses** and **Professional Licenses** (if applicable).
- 2) **Federal Tax Returns** for the **past year** (include a copy of extension request if tax return has not been filed for current year).
- 3) **Financial Statements** Profit & Loss Statement and Balance Sheet Statement for the last year and current period. *If your company is a sole proprietorship, financials are still requested.* **PLEASE NOTE: FINANCIALS ARE REQUESTED FOR ALL COMPANIES THE OWNER(S) HAVE INTEREST IN.**
- 4) Provide proof of **up to six (6) contracts and/or invoices showing the scope of service(s) provided in the past year** (If no contracts have been obtained in the past two years, provide copies of recent bids submitted).
- 5) Evidence of compensation for all employees, including self (**e.g. provide copies of payroll, 1099's, W2's, canceled checks**).
- 6) **Most current lease agreement** (if business is home-based and rented property, provide a copy of the lease agreement from landlord)
- 7) **Most current Driver's license for all owners** (**if the current one provided previously has expired**)
- 8) Provide a listing of all current full time employees. If the Orlando MSA is a branch office, provide the listing of full-time employees out of a branch office.
- 9) If your scope is trucking services provide, the total # of trucks and their current registrations.
- 10) If you are a Supplier, provide an itemized listing of current inventory and proof of purchase.

Please do not submit an incomplete package. Incomplete packages will delay your recertification review.

Forward these documents to:

**Orange County Business Development Division
P. O. Box 1393
400 E. South Street, 2nd Floor
Orlando, FL 32802-1393**

This application should arrive within fifteen calendar days of the expiration of your current M/WBE certification. **Processing of your paper work will take at least 30 business days.**

All communications will be directed to the primary owner and/or officer unless an alternate contact person is designated in the appropriate area in the application below.

If you have any questions concerning this affidavit or any questions concerning your M/WBE status, contact Business Development at (407) 836-8362. Fax number is (407) 836-2994.

If you have not registered as an Orange County vendor and your company is re-certified, your certified firm will not appear on the M/WBE directory until you have registered. You may register at our web address: www.orangecountyfl.net and update your contact information. After you have registered, then you are automatically notified by Orange County Procurement division about upcoming projects. Notify us immediately of any company changes during the certification period (change of location, telephone numbers, legal form of business, ownership, management, etc).

ORANGE COUNTY, FLORIDA AFFIDAVIT FOR MINORITY/WOMAN BUSINESS ENTERPRISE RE-CERTIFICATION

Do not leave any question blank, if it is not applicable to your company, write N/A and provide an explanation.

1. **CERTIFYING ENTITY:** Orange County Vendor Number: _____

2. **NAME OF FIRM:** _____

3. **PHYSICAL ADDRESS OF FIRM:** _____
(STREET & NO.) (CITY) (STATE & ZIP)

BRANCH OFFICE LOCATION: _____
(STREET & NO.) (CITY) (STATE & ZIP)

4. **MAILING ADDRESS:** _____
(STREET & NO.) (CITY) (STATE & ZIP)

5. **BUSINESS TELEPHONE NUMBER(S):** _____ **FAX #:** _____

Please Note: Only local telephone and fax numbers will be listed on our on-line directory

6. **E-MAIL ADDRESS OF PRIMARY OFFICER:** _____

7. **WEB PAGE ADDRESS:** _____

8. **ALTERNATE CONTACT PERSON:** _____
IMPORTANT: (NAME) (TITLE) (PHONE NUMBER)

If correspondence is with the alternate contact person, you, the owner(s), give authorization for this individual to respond and act on your behalf in all matters associated with your certification with Orange County Government

_____ (EMAIL ADDRESS)

9. **EMPLOYER/FEDERAL I.D. NUMBER:** _____

10. **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 PACIFIC AMERICAN: _____
NATIVE AMERICAN: _____	ASIAN INDIAN AMERICAN: _____
HISPANIC AMERICAN: _____	AMERICAN WOMAN: _____

11. **TYPE OF OWNERSHIP: (CHECK ONE)**
CORPORATION LLC PARTNERSHIP SOLE PROPRIETORSHIP

12. **LIST CURRENT OWNER(S) NAMES AND PERCENTAGE OF OWNERSHIP:**

NAME & TITLE	RACE/ETHNIC GROUP	# OF SHARES AND/OR UNITS	% OF OWNERSHIP
1.			
2.			
3.			
4.			

13. LIST NAMES OF DIRECTORS, OFFICERS AND MANAGERS WHO PARTICIPATE IN DAY-TO-DAY MANAGEMENT OF THE FIRM, THEIR TITLES, DUTIES AND RESPONSIBILITIES:

NAME & TITLE(S)	Race	DUTIES/RESPONSIBILITIES
1.		
2.		
3.		
4.		

14. NATURE OF BUSINESS: HAS THE NATURE OF YOUR BUSINESS CHANGED? YES NO IF YES, SPECIFY ANY CHANGES THAT HAVE OCCURRED (SCOPE OF SERVICES, LOCATION, LEGAL FORM OF BUSINESS, OWNERSHIP AND MANAGEMENT, ETC) SINCE RECEIVING YOUR CERTIFICATION.

15. NUMBER OF FULL TIME EMPLOYEES (PROVIDE A LISTING OF NAMES FOR FULL TIME EMPLOYEES & JOB TITLES ON A SEPARATE SHEET) _____

16. NUMBER OF PART TIME/CONTRACT EMPLOYEES: _____

17. ANNUAL GROSS REVENUE LAST FISCAL YEAR: _____

18. ESTIMATED NET WORTH OF FIRM: _____

19. INDICATE THE TOTAL NUMBER OF CONTRACTS YOU HAVE BEEN AWARDED IN THE PAST 2 YEARS (THIS CAN BE FROM ANY AGENCY, NOT SPECIFICALLY ORANGE COUNTY): _____

20. ARE ANY OF THE OWNERS EMPLOYED ANYWHERE ELSE OTHER THAN THE COMPANY SEEKING RECERTIFICATION? IF SO, WHERE? _____

22. INDICATE WHICH AGENCIES YOU ACTIVELY BID WITH:

CITY OF ORLANDO GREATER ORLANDO AVIATION AUTHORITY OUC
 ORANGE COUNTY ORANGE COUNTY PUBLIC SCHOOL OTHER

SPECIFY, IF OTHER: _____

23. INDICATE WHICH AGENCIES THAT HAVE AWARDED YOU A CONTRACT:

CITY OF ORLANDO GREATER ORLANDO AVIATION AUTHORITY OUC
 ORANGE COUNTY ORANGE COUNTY PUBLIC SCHOOL OTHER

SPECIFY, IF OTHER: _____

24. INDICATE THE LARGEST SIZE CONTRACT YOU HAVE SUCCESSFULLY COMPLETED:

LESS THAN \$500,000 \$500,001 TO \$2,000,000 \$2,000,000 TO \$6,500,000
 MORE THAN \$6,500,000

25. INDICATE YOUR BONDING LIMIT:

LESS THAN \$500,000 \$500,001 TO \$2,000,000 \$2,000,000 TO \$6,500,000
 MORE THAN \$6,500,000 NOT BONDED

26. INDICATE YOUR INSURANCE LIMIT:

LESS THAN \$100,000 TO \$500,000 \$500,001 TO \$2,000,000 \$2,000,000 TO \$6,500,000
 MORE THAN \$6,500,000 NO INSURANCE

27. HAS A GOVERNMENTAL ENTITY DENIED MBE CERTIFICATION TO YOUR FIRM DURING THE PAST YEAR?] YES NO IF YES, PLEASE IDENTIFY THE GOVERNMENTAL ENTITY, LOCATION, AND THE REASON(S):

28. IF A GOVERNMENTAL ENTITY HAS PLACED YOUR FIRM ON THEIR GRADUATE LIST, PLEASE COMPLETE THE FOLLOWING. IF "NOT APPLICABLE," WRITE "N/A" THEN SIGN BELOW.

NAME OF ENTITY	DATE EFFECTIVE	ENTITY'S NET WORTH LIMIT	AREA(S) OF CERTIFICATION

Signature _____

29. IF ANY OWNER OF THE APPLICANT FIRM HAS OWNERSHIP INTEREST IN ANOTHER COMPANY, PLEASE IDENTIFY COMPANY IN WHICH INTEREST IS HELD, AND THEN SIGN BELOW. IF "NOT APPLICABLE" WRITE "N/A" THEN SIGN BELOW.

NAME	COMPANY NAME	TYPE OF BUSINESS	% OF OWNERSHIP

Signature _____

**1 & **2 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.

30. PROVIDE THE DATE YOU LAST ATTENDED AN ORANGE COUNTY WORKSHOP SPONSORED BY BUSINESS DEVELOPMENT AND THE NAME OF WORKSHOP.

DATE: _____

NAME OF WORKSHOP: _____

If you have not attended an Orange County Workshop sponsored by Business Development in the past year provide a brief explanation as of why.

STATE OF FLORIDA
COUNTY OF _____.

Before me this day personally appeared _____ who, being duly sworn, deposes and says:

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 Florida Statewide and Inter-local Minority Business Enterprise Certification Application or Affidavit for Re-certification becomes 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:

Authorized Officer (please print) _____

Signature _____

Title _____

Company Name _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____,

2____, by _____.

Personally Known _____ or

Produced Identification _____ &

(NOTARY SEAL)

Type of Identification _____

Notary Signature _____

**RETURN COMPLETED APPLICATION AND ATTACHMENTS TO:
Orange County Business Development Division
P. O. BOX 1393 ORLANDO, FLORIDA 32802-1393
(407) 836-8362 or (407) 836-2994 FAX**