



Minority/Women/Small/Persons with Disabilities Business Enterprises (MWSBE and PDBE) Certification Application

MWSBE/PDBE Certification Program Information and Application

Mission Statement:

The Office of Business Opportunity is committed to creating a competitive and diverse Business environment in the City of Houston by promoting the growth and success of local small businesses, with special emphasis on historically underserved groups by ensuring their meaningful participation in the government procurement process.

Thank you for your interest in the City of Houston's Minority/Women/Small/Persons with Disabilities Business Enterprise Certification Program. Certification is available to all businesses that meet the eligibility guidelines. There is no application fee for this service.

Certification Workshop:

Please attend one of our weekly pre-certification workshops for more information. *Our workshop is conducted every Thursday, except holidays, at 611 Walker St. 7th floor Houston, TX 77002 at 2:00 p.m.*

For general information about the MWSBE/PDBE Certification Program, Directory, Publications, Workshops and Forms, please visit our website at

<http://www.houstontx.gov/obo/index.html>

Submit Completed Application Package to:

**City of Houston
Office of Business Opportunity
611 Walker, 7th Floor
Houston, TX 77002
Certification Hotline: 832-393-0600**

Please Note: Incomplete applications will be returned to the applicant via mail, and will NOT be processed. If your application is returned you may not reapply for 30 days.

This application and supporting documents are subject to compliance with the State of Texas Government Code Chapter 552.128 Regarding Exception: Certain Information Submitted by Potential Vendor or Contractor.



Minority/Women/Small/Persons with Disabilities Business Enterprises (MWSBE and PDBE) Certification Application

Eligibility Checklist for All Applicants

Is your business owned by a U.S. citizen or legal permanent resident of the U.S? YES NO

Does your business owner have the training/expertise to perform the work, and where required, has a license or certificate issued in his or her name? YES NO

Is your business FOR PROFIT, independent, and a currently functioning business maintaining a significant and local business presence in one of the following counties? YES NO

- | | |
|---|---|
| <ul style="list-style-type: none"> • Harris • Brazoria • Chambers • Fort Bend • Austin | <ul style="list-style-type: none"> • Galveston • Liberty • Montgomery • Waller • San Jacinto |
|---|---|

Can your business provide invoices and proof of payment for services provided in the area(s) for which you seek certification? YES NO

Does your business meet the Small Business Administration size standard? www.sba.gov/content/small-business-size-regulations YES NO

For Minority, Women, and Persons with Disabilities Business Enterprises:

Is your business at least 51% owned, managed and controlled by U.S. citizen(s) or legal U.S. permanent resident(s) that belongs to one of the following eligible groups? If “yes”, please select the eligible group(s) that apply: YES NO

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Woman <input type="checkbox"/> Person with Disability | <ul style="list-style-type: none"> <input type="checkbox"/> Minority (Black, Spanish/Hispanic, Asian-Pacific American, or Native American) |
|---|---|

For Small Business Enterprises:

Is your business construction or construction related? YES NO



Did you answer “YES” to all of the questions above?

If so, please carefully review the Eligibility Requirements to confirm that your business is eligible to apply for MWSBE/PDBE Certification before proceeding with the application.



Minority/Women/Small/Persons with Disabilities Business Enterprises (MWSBE/PDBE) Certification Application

Requirements for Certification

To Obtain SBE Certification:

- ❖ Business must be for profit, independent and currently functioning *construction or construction related* business maintaining a significant and local business presence in Harris, Brazoria, Chambers, Fort Bend, Galveston, Liberty, Montgomery, Waller, Austin or San Jacinto county.*

To Obtain MBE Certification:

- ❖ Business must be at least 51% owned, managed and controlled by U.S. Citizen(s) or legal permanent resident(s) who are members of the following groups: Black, Spanish/Hispanic, Asian-Pacific American, and Native American

To Obtain WBE Certification:

- ❖ Business must be at least 51% owned, managed and controlled by U.S. citizen(s) or legal permanent resident(s) who are female.

To Obtain PDBE Certification:

- ❖ Business must be at least 51% owned and controlled by U.S. citizens or legal permanent residents with a presently existing, medically determined physical or mental impairment of chronic or permanent character.
- ❖ Disability must substantially limit one or more of his or her major life activities.
- ❖ Applicant must submit a Disability Affidavit and an accompanying letter from a medical doctor, who has been certified in the State of Texas.

Additional Eligibility Requirements for All Applicants:

- ❖ Owners must be U.S. citizens or lawfully admitted permanent residents of the U. S.
- ❖ Business must be for profit, independent, and currently functioning business maintaining a significant and local business presence in Harris, Brazoria, Chambers, Fort Bend, Galveston, Liberty, Montgomery, Waller, Austin or San Jacinto county.*
- ❖ Business must meet the Small Business Administration (SBA) size standards as defined by 13 Code of Federal Regulation (CFR) Part 121.103 pursuant to Section 3 of the Small Business Act.
- ❖ Business owner must have the training/expertise to perform the work, and where required, has a license or certificate issued in his or her name.

* * This provision includes the requirement that an MWSBE have an established place of business in one or more of the above-referenced counties at which one or more of its employees is regularly based and that such place of business has a substantial role in the MWSBE's performance of a commercially useful function.



Minority/Women/Small/Persons with Disabilities Business Enterprises (MWSBE/PDBE) Certification Application

Supporting Documents Checklist

In order to begin processing your application for certification, you must attach copies of ALL supporting documents as they apply to you and your firm.

All Applicants Must Provide:

- Documented proof of initial investment (money, real-estate, equipment etc.) used to acquire majority ownership of firm for each owner. **See Section 1(A) Question #15**
 - Example of proof: both sides of cancelled checks, bank statements, etc.
- DBE and SBA 8(a) or SDB certifications, denials, and/or decertification (if applicable). **See Section 2(A) Question # 2**
- Provide work experience resumes for **all** owners, officers and anyone listed in **Section 3** and **Section 4 (B)** of the application. Resumes should include:
 - places of ownership/employment with corresponding dates
 - Job description for each position held
- Invoices and proof of payment for services provided in the area(s) which you seek certification.
- One of the following for each minority/woman owner: U.S birth certificate, U.S. passport, naturalization document, permanent resident card, or tribal card.
- Signed tax returns (gross receipts) plus all related schedules for all firms that you own. Note: if you have been in business for over three years you must include tax returns from the last three years.
- Documented proof of ownership/signed leases for all real estate (office and/or storage space, etc.) owned/leased by your firm. **See Section 4(C).**
- List of equipment leased and/or owned. If leased, copies of lease agreements; if owned provide proof of purchase. **See Section 4(C).**
- List of construction equipment and/or vehicles owned and titles/proof of ownership (if applicable). **See Section 4(C).**
- All current licenses, license renewal forms, permits, and haul authority forms. **See Section 4(D).**
- Customer references, including contact name and phone number, for whom work has been performed. **See Section 4(F-G).**
- Your firm's signed loan agreements, security agreements, and bonding forms. **See Section 5(B-C).**
- Company bank signature card.
- Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past two years. **See Section 5(D).**
- Certificate of Authority to do business in Texas (for out-of-state businesses).

- Signed and notarized Affidavit of Non-Interest for each owner (included in application package).
- Signed and notarized Certification Affidavit for each minority/women owner whose combined ownership interest equals 51% or more (included in application package).

Sole Proprietorship Must Provide:

- Assumed name certificate (DBA).
- Personal signed tax returns and all related schedules for each minority/woman owner for the last three years.

Regular Dealer/Supplier/Broker Must Provide:

- Proof of warehouse ownership or lease
- List of product lines carried
- List of distribution equipment owned and/or leased

Corporation or LLC Must Provide:

- Official Certificate of Incorporation (Corporation) or Official Certificate of Organization (LLC)
- Official Articles of Incorporation signed by the state official (Corporation) or Articles of Organization (LLC)
- Corporate By-Laws (Corporation) or Rules and Regulations (LLC) and any amendments
- Both sides of all corporate stock certificates and stock transfer ledger (Corporation) or Members Agreement (LLC)
- Current minutes of all stockholders and board of directors meetings describing ownership, management, and control (optional for LLC)
- Corporate bank resolution
- Current financial statement including Balance Sheet and Income Statement prepared by an independent CPA or Accountant

Trucking Company

- Documented proof of ownership of the company
- Insurance agreements for each truck owned or operated by your firm
- Title(s) and registration certificate(s) for each truck owned or operated by your firm
- List of U.S. DOT numbers for each truck owned or operated by your firm

Partnership/Joint Venture/Franchise

- Official Certificate of Partnership
- Original and any amended Partnership or Joint Venture Agreements describing ownership, management, and control
- Franchise Agreement (franchise only)

Persons with Disabilities Business Enterprise (PDBE)

- Disability affidavit and an accompanying letter from a medical doctor who has been certified in the state of Texas
- Disability rating letter issued by the Department of Veterans Affairs establishing a service-connected disability rating between zero and one-hundred percent or a disability determination from the Department of Defense.
- See the appropriate business type for additional document requirements (i.e. Sole Proprietorship, Partnership/Franchise, Regular Dealer/Supplier, Corporation/LLC, or Trucking Company)



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Section 1: General Information

How did you learn about the City's Certification Program? (Check all that apply)

- Pre-Certification Workshop (611 Walker)
- UH Small Business Development Center
- Procurement Forum
- SCORE Workshop
- OBO Website
- Chamber Luncheon _____
- One Stop Business Center
- Meet the Buyer
- Other _____

A. Contact Information and Business Profile

1. Is your firm "For Profit"? Yes No

STOP: If your firm is NOT for-profit, then you do NOT qualify for this program and you do NOT need to fill out this application.

2. Legal Name of Firm: _____

3. Owner Name and Title (Qualifying Minority/Woman Owner): _____

4. Firm's Phone Number: (____) _____ - _____ Other Phone Number: (____) _____ - _____

5. Fax Number: (____) _____ - _____

6. Social Security Number: _____ - _____ - _____

7. Federal Tax ID: _____ Vendor Registration ID Number: _____

8. E-Mail Address: _____

9. Website: _____

10. Location of Company Headquarters (City and State): _____

11. Business Address of Firm: (Must represent physical location. Post Office Boxes are not accepted).

Building Number and Street Name

Unit, e.g. Floor Suite (optional)

City

County

State

Zip

12. Mailing Address of Firm: (If different from above).

Building Number and Street Name

Unit, e.g. Floor Suite (optional)

City

County

State

Zip

13. This Firm was established on (month/day/year): _____

14. I/We have owned this firm since (month/day/year): _____

15. Please select your method used to acquire your business from the list below:

- Started new business
- Bought existing business
- Inherited business
- Secured concession
- Merger or consolidation
- Other

Required: Explain & include sources of financing and attach supporting documents, i.e., loan agreements, initial bank statements, certificates of deposit, and/or copies of cancelled checks.

16. Describe the primary activities of your firm:

17. Type of firm (check all that apply):

- Sole Proprietorship
- Partnership
- Corporation
- Limited Liability Partnership
- Limited Liability Corporation
- Other, please describe:

18. Has your firm ever existed under different ownership, a different type of ownership, or a different name? Yes No

If "yes", please explain:

19. Number of employees: Full Time: _____ Part Time: _____ Total: _____

20. Please list below any relative of any of the owners, including those by marriage, who are employed by the City of Houston.

Name of Relative	Relationship	Department

21. Specify the gross receipts of the firm for the last three years from your business tax returns:

Year	Total Receipts
	\$
	\$
	\$

22. Firm is applying as: (check all that apply)

- Minority Business Enterprise (MBE)
- Woman Business Enterprise (WBE)
- Small Business Enterprise (SBE)
- Persons with Disabilities Business Enterprise (PDBE)

MBE – A business entity in which one or more of the owners are minority persons who own, control and manage the business.
WBE – A business entity in which one or more of the owners are women who own, control and manage the business.
SBE – Means a construction related firm whose gross revenues averaged over the past three years, or number of employees employed in the last calendar year, inclusive of any affiliates does not exceed the SBA size standards.
PDBE – A business entity in which one or more of the owners are persons with disabilities who own, control and manage the business.

23. What functional description would you like to be listed in the M/W/S/PDBE? _____

B. Relationships with Other Businesses

1. Does your firm share space, equipment, material, or personnel with another business? Yes No

If “yes”, please provide the following details about the business with which you share. Place a check mark in each applicable item category. Please also explain the nature of shared facilities.

Business Name	Business contact person and Phone Number	Space	Equipment	Materials	Personnel

Explain the nature of shared facilities: _____

2. Check the appropriate box that indicates whether at present, or at any time in the past your firm has:

- a. been a subsidiary of any other firm? Yes No
- b. consisted of a partnership in which one or more of the partners are other firms? Yes No
- c. owned any percentage of any other firm? Yes No
- d. has any subsidiaries? Yes No

3. Has any other firm had an ownership interest in your firm at present or at any time in the past? Yes No

If you answered “yes” to any of the questions in 2 a.– d. and/or 3, identify the following for each: (attach extra sheets, if needed).

Name	Address	Type of Business

C. Immediate Family Member Business

1. Do any of your immediate family members own or manage another company? Yes No

If "yes", then list: (Attach extra sheets, if needed)

Name	Relationship	Company	Type of Business	Own or Manage

Section 2: Certification Information

A. Prior/Other Certification Programs

1. Has your firm been certified by other M/W/S/PDBE programs? Yes, on ___/___/___ No

If "yes", please attach proof of certification by other agencies.

2. Is your firm currently certified for any of the following programs?

- DBE 8(a)
- MBE SDB
- WBE HUB
- SBE
- SDVOSB

Name of certifying agency: _____

B. Prior/Other Applications and Privileges

1. Has your firm (under any name) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application for any of the programs listed above, or ever been denied certification, decertified, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency or federal entity?

Yes, on ___/___/___ No

If "yes", identify state and name of state, local, or federal agency and explain the nature of the action: _____

Section 3: Business Ownership

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below: *(If more than one owner, fill out Section 3 for each additional owner and submit extra sheets).*

A. Owner Background Information

1. Name : _____
2. Title: _____
3. Social Security Number: ____ - ____ - _____
4. Home Phone Number: (____) ____ - _____
5. Home Address: _____
Street Name
City
State
Zip
6. Gender: Male Female
7. Is this firm owner a U.S. Citizen? Yes No
8. What ethnic group does this firm owner belong to? (check all that apply): Black Hispanic Native American
 Asian Pacific Subcontinent Asian Other (specify) _____
9. Is this firm owner a lawfully admitted permanent resident? Yes No

Note: If this owner is neither a U.S. Citizen nor a lawfully admitted permanent resident of the U.S., then this owner is NOT eligible for certification. However, this does not necessarily disqualify your firm from certification if another owner is a U.S. Citizen or lawfully admitted permanent resident who meets the program's other qualifying requirements.

B. Ownership Interest

1. Number of years as owner: _____
2. Indicate the dollar value of this owner's initial investment to acquire an ownership interest in your firm:

	Cash	Real Estate	Equipment	Other
Dollar Value	\$ _____	\$ _____	\$ _____	\$ _____

3. Percentage Owned: _____
4. Familial relationship to other owners (if any): _____
5. Indicate this owner's share of stocks in your firm:

Number	Percentage	Class	Date Acquired	Method Acquired

6. Does this owner perform a management or supervisory function for any other business? Yes No
 If "yes", identify: Name of Business: _____ Function/Title: _____

7. Does this owner own or work for any other firm(s) that has a relationship with this firm? (e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.) Yes No
 If "yes", identify: Name of Business: _____ Function/Title: _____

Briefly describe the nature of business relationship: _____

Section 4: Business Control and Operations

A. Identify your firm's management personnel who control your firm in the following areas: (If more than two persons attach separate sheets).

	Name	Title	Ethnicity	Gender
Financial Decisions (responsible for acquisition of lines of credit, surety bonds, supplies, etc.)	1.			
	2.			
Estimating and Bidding	1.			
	2.			
Negotiating and Contract Execution	1.			
	2.			
Hiring/Firing of Management Personnel	1.			
	2.			
Field/Production Operations Supervisor	1.			
	2.			
Office Management	1.			
	2.			
Marketing/Sales	1.			
	2.			
Purchasing of Major Equipment	1.			
	2.			
Authorized to Sign Company Checks (for any purpose)	1.			
	2.			
Authorized to Make Financial Transactions	1.			
	2.			

1. Do any of the persons listed in the table above perform a management or supervisory function for any other business?

Yes No

If "Yes", identify for each person his/or her:

Name: _____ Title: _____

Business: _____ Function: _____

2. Do any of the persons listed in the table above own or work for any other firm(s) that has a relationship with this firm? (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.) Yes No

If "yes", identify for each person his/or her:

Name: _____ Firm Name: _____

Briefly describe the nature of business relationship: _____

B. Identify your firm's Officers & Board of Directors: (If additional space is required, attach a separate sheet).

	Name	Title	Ownership Percentage	Date Appointed	Ethnicity	Gender
Officers of the Company	1.					
	2.					
	3.					
	4.					
	5.					
Board of Directors	1.					
	2.					
	3.					
	4.					
	5.					

1. Do any of the persons listed in the table above perform a management or supervisory function for any other business?

Yes No

If "Yes", identify for each person his/or her:

Name: _____ Title: _____

Business: _____ Function: _____

2. Do any of the persons listed in the table above own or work for any other firm(s) that has a relationship with this firm? (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.) Yes No

If "yes", identify for each person his/or her:

Name: _____ Firm Name: _____

Briefly describe the nature of business relationship: _____

C. Indicate your firm's inventory in the following categories :(Attach additional sheets if needed).

Equipment (Office and/or Construction)

Type of Equipment	Make/Model	Current Value	Owned or Leased

Vehicles

Type of Equipment	Make/Model	Current Value	Owned or Leased

Office Space

Street Address	Owned or Leased	Current Value of Property or Lease

Storage Space

Street Address	Owned or Leased	Current Value of Property or Lease

D. List current licenses/permits held by any owner and/or employee of your firm (e.g. contractor, engineer, architect, etc.): (attach additional sheets if needed).

Name of License/ Permit Holder	Type of License/Permit	Expiration Date	License Number and State

E. Does your firm rely on any other firm for management functions or employee payroll? Yes No

If "Yes", please explain: _____

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

Company	Contact Name	Phone Number	Type of Work Performed	Dollar Value of Contract

G. List the three largest active jobs on which your firm is currently working:

Name of Prime Contractor and Project Number	Phone Number	Type of Work	Project Start Date	Anticipated Completion Date	Dollar Value of Contract

Section 5: Financial Information

A. Banking Information

- Name of Bank:** _____
- Bank Phone Number:** _____
- Address of Bank:** _____

City
State
Zip

B. Bonding Information (If you have bonding capacity, identify):

- Binder Number:** _____
- Name of agent/broker:** _____
- Phone Number:** _____
- Address of agent/broker:** _____

City
State
Zip
- Bonding limit:** Aggregate limit: _____ Project Limit: _____

C. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of any persons or firms securing the loan, if other than the listed owner:

Name of Source	Address of Source	Name of Person Securing the Loan	Original Amount	Current Balance	Purpose of Loan

D. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years: (Attach additional sheets if needed)

Contribution/Asset	Dollar Value	From Whom Transferred	To Whom Transferred	Relationship	Date of Transfer

Section 6: Historically Underutilized Business (HUB) (optional)

1. Are you interested in certification as a Historically Underutilized Business with the State through our certification program?
 Yes No

If “yes” then please provide the following for each minority/woman owner with 5% or more ownership:

- Copy of Texas Drivers License or Texas State ID
- State of Texas’ County Appraisal District Property (Homestead) Tax Statement
- Federal Employer’s Identification Number (EIN)
- Proof of U.S. citizenship

2. Did the applicant serve as a Veteran? Yes No

If “Yes”, list the conflict in which he/ or she served _____

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 2:00 p.m.

AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized for each owner upon which MWSBE/PDBE status is relied.

A material or false statement or omission made in connection with this application is sufficient cause for denial of certification, revocation of a prior approval, initiation of suspension or debarment proceedings, and may subject the person and/or entity making the false statement to any and all civil and criminal penalties available pursuant to applicable federal and state law.

I _____ (full name printed), swear or affirm under penalty of law that I am _____ (title) of applicant firm _____ (firm name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its place(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the City of Houston any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

By checking this box, I certify that I am an individual who is an owner of the above-referenced firm seeking certification as a MWSBE/PDBE. In support of my application, I certify that I am a member of one or more of the following groups, and that I have held myself out as a member of the group(s) (check all that apply):

- Female Black American Hispanic American Native American Asian-Pacific American
 Subcontinent Asian American Person with a Disability:

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Executed on _____ (Date)

Signature: _____
(MWSBE/PDBE Applicant)

NOTARY CERTIFICATE:

Signature _____
(Notary)

(Seal)

AFFIDAVIT OF NON-INTEREST

THE STATE OF TEXAS

Before me, the undersigned authority, a Notary Public in and for the State of Texas, on this day personally appeared

_____, who being by me duly sworn on his/her oath stated that he/she is
(Affiant)

_____ of _____, the Business Entity named and
(Title of Owner) (Company Name)

referred to in this application for MWSBE/PDBE Certification; and that he or/she: (check appropriate box)

- Is **not** an officer or employee of the City of Houston and no other individual with an interest in the Business Entity is an officer or employee of the City of Houston.
- Is an officer or employee of the City of Houston; or an individual with an interest in the Business Entity is an officer or employee of the City of Houston.

Affiant acknowledges that any misrepresentation on this affidavit will be grounds for denial and/or revocation of certification. I have read this affidavit and swear that such statements contained herein are true and correct.

Signature (Owner /Applicant)

Title

Name (Print)

Date

SWORN TO AND SUBSCRIBED before me on this ____ day of _____, 20____.

(Seal)

Notary Public in and for the State of Texas
