



**BUSINESS DEVELOPMENT DIVISION**

400 East South Street ■ Reply To: Post Office Box 1393 ■ Orlando, Florida 32802-1393  
(407) 836-7317 ■ (407) 836-5477 ■ <http://www.orangecountyfl.net>

RE-CERTIFICATION APPLICATION

DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

RE: Re-Certification Application

**Your certification status will soon expire. Please complete, notarize, and return the attached Affidavit for Re-certification.** Include the most current true copies of all local business licenses and/or professional licenses, latest employer quarterly wage report, including schedule of employees, list all Orange County contracts/sub-contracts and/or purchase orders during the past two years, federal tax returns, and generally accepted accounting principles (GAAP) basis financial statements.

**Forward these documents to:**

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

This 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, so respond accordingly. **Failure to submit your re-certification application prior to expiration will lead to removal of certified M/WBE status.**

If you have any questions concerning this affidavit or any questions concerning your M/WBE status, **contact Business Development at (407) 836-7317.** Fax number is (407) 836-5477.

**If you are a registered Orange County vendor, then your certified firm will be listed in our M/WBE directory. You may register** at our web address: [www.orangecountyfl.net](http://www.orangecountyfl.net) and update your contact information. After you have registered, then you are automatically notified by Orange County Purchasing 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**

CERTIFYING ENTITY: Orange County Vendor Number: \_\_\_\_\_

NAME OF FIRM: \_\_\_\_\_

ADDRESS OF FIRM: \_\_\_\_\_  
(STREET & NO.) (CITY) (STATE & ZIP)

MAILING ADDRESS: \_\_\_\_\_  
(STREET & NO.) (CITY) (STATE & ZIP)

BUSINESS TELEPHONE NUMBER(S): ( ) \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

WEB PAGE ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

EMPLOYER/FEDERAL I.D. NUMBER OR SOCIAL SECURITY NUMBER OF OWNER: \_\_\_\_\_

**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: _____ %

**TYPE OF OWNERSHIP: (CHECK ONE)**

CORPORATION  LLC  PARTNERSHIP  SOLE PROPRIETORSHIP

Date started \_\_\_\_\_

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

NAME & TITLE	% OF OWNERSHIP
1.	
2.	
3.	
4.	

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.		

**NATURE OF BUSINESS:** HAS THE NATURE OF YOUR BUSINESS CHANGED? [ ] YES [ ] NO IF YES, PLEASE SPECIFY MAJOR SERVICES/PRODUCT CHANGES.

\_\_\_\_\_

\_\_\_\_\_

**FOR RECERTIFICATION, THE FOLLOWING DOCUMENTS SHOULD BE SUBMITTED ALONG WITH THE RE-CERTIFICATION APPLICATION:**

- a. A GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) BASIS FINANCIAL STATEMENT. **SAMPLE FINANCIAL FORMS AVAILABLE AT PRINTABLE FORMS AT [WWW.ORANGECOUNTYFL.NET](http://WWW.ORANGECOUNTYFL.NET) (REFER TO BUSINESS DEVELOPMENT).**
- b. LATEST COMPLETED FEDERAL INCOME TAX RETURN INCLUDING ALL SCHEDULES FOR PAST TWO YEARS.
- c. LATEST EMPLOYER QUARTERLY WAGES REPORT, INCLUDING SCHEDULE OF EMPLOYEES (FOR FL FORM-UCT-6).
- d. COPY OF CURRENT LOCAL BUSINESS LICENSE AND/OR PROFESSIONAL LICENSES (TWO COPIES ARE NEEDED- ONE SHOWING THE COMPANY'S NAME AND ONE SHOWING THE QUALIFIER'S NAME)
- e. REGISTERED AS AN ORANGE COUNTY VENDOR. YOU CAN COMPLETE THIS BY GOING TO [WWW.ORANGECOUNTYFL.NET](http://WWW.ORANGECOUNTYFL.NET). LOOK ON LEFT HAND SIDE UNDER EXPLORE SECTION **CLICK ON SERVICES ONLINE**, THEN **CLICK ON VENDOR REGISTRATION SYSTEM**. START THE REGISTRATION PROCESS BY CLICKING ON **VENDOR REGISTRATION HOME**. FINALLY, TYPE IN YOUR COMPANY'S NAME IN THE **LEGAL NAME BOX**, AND CLICK **FIND**. CONTINUE THE REGISTRATION BY FOLLOWING THE PROMPTS.
- f. LIST ALL ORANGE COUNTY CONTRACTS, SUB-CONTRACTS, PURCHASE ORDERS AWARDED TO YOUR BUSINESS (INCLUDE FOR EACH CONTRACT IN THE PAST TWO YEAR: DATE, SCOPE OF WORK PERFORMED, AMOUNT, AND THE PRIME CONTRACTOR)

NUMBER OF FULL TIME EMPLOYEES: \_\_\_\_\_

NUMBER OF PART TIME/CONTRACT EMPLOYEES: \_\_\_\_\_

ANNUAL GROSS REVENUE LAST FISCAL YEAR: \$ \_\_\_\_\_

ESTIMATED NET WORTH OF FIRM: \$ \_\_\_\_\_

DURING THE LAST TWO YEARS:

- a) INDICATE THE TOTAL NUMBER OF CONTRACTS AWARDED YOU HAVE BEEN AWARDED: \_\_\_\_\_
- b) INDICATE WHICH AGENIES YOU ACTIVELY BID WITH?
 

_____ CITY OF ORLANDO	_____ GREATER ORLANDO AVIATION AUTHORITY	_____ OUC
_____ ORANGE COUNTY	_____ ORANGE COUNTY PUBLIC SCHOOLS	_____ OTHER

SPECIFY, IF OTHER: \_\_\_\_\_

DURING THE LAST TWO YEARS CONTINUED:

c) INDICATE WHICH AGENCY(IES) AWARDED YOU A CONTRACT?

CITY OF ORLANDO       GREATER ORLANDO AVIATION AUTHORITY       OUC  
 ORANGE COUNTY       ORANGE COUNTY PUBLIC SCHOOL       OTHER  
 SPECIFY, IF OTHER: \_\_\_\_\_

d) INDICATE THE LARGEST SIZE CONTRACT YOU HAVE SUCESSFULLY COMPLETED:

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

e) 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

f) 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

**SPECIFY ANY CHANGES THAT HAVE OCCURRED (LOCATION, LEGAL FORM OF BUSINESS, OWNERSHIP AND MANAGEMENT, ETC) SINCE RECEIVING YOUR CERTIFICATION.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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):**

\_\_\_\_\_

\_\_\_\_\_

**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. \*\*1**

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

**Signature** \_\_\_\_\_

**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.\*\*2**

Name	Company Name	Type of Business	% Of Ownership

**Signature** \_\_\_\_\_

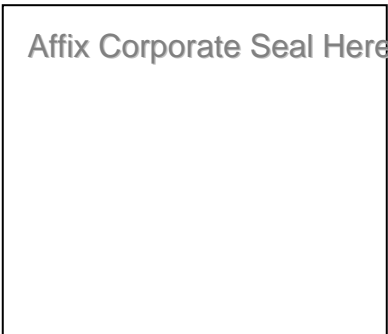
\*\*1 & \*\*2 Pursuant to Section 287.094, Florida Statutes, the false representation of any entity as a minority business enterprise for purpose of qualifying for certification as such under this program may be punishable as a felony of a second degree. The certifying entity may initiate such disciplinary 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.

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) 836-7317 or (407) 836-5477 FAX**