

*W*omen Owned
Business
Certification Affidavit

The undersigned affirms that the statements contained in the original application for Women Owned Business Certification and all attachments that have been provided in support of the application are still true, accurate and complete explaining the ownership and operation of:

(Insert full name of company here)

(date)

Attestation of Information

Name of Company

FEI or Social Security Number

Address

City

State

Zip Code

(____) _____
Telephone Number

I hereby attest that the business listed above is a Women-Owned Business Enterprise as defined in the original application, and that the information contained in the application and attached thereto is still true, accurate, and complete to the best of my knowledge.

Signature

Name (Type or Print)

Title

Place Corporate Seal Above (Must be provided by all incorporated firms)

STATE OF _____

COUNTY OF _____

Subscribed and sworn to me this _____ day of _____, 20_____.

Notary Public

My Commission Expires

Certified Women-Owned Business Information Request

Please provide the following information. Your WBE Certification is valid for a five-year period. To continue your certification this information is to be updated annually for your file.

Company Name _____

Business Address _____

Mailing Address (if different from above) _____

Business Telephone Number _____

Business Fax Number _____

Mobile number _____ E-mail _____

Number of Employees: Full-Time _____ Part-Time _____

Has the female ownership status of your company changed: _____

If yes, please explain _____

Provide documents showing the change.

Current Legal Structure: _____

Survey

Company name: _____

Have you received any contracts as a result of this certification? _____
If so, please provide the following information:

Contract received: _____
Contract period: _____
Awarding entity: _____
Dollar value of each contract: _____
Contract products or services provided: _____

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Awarding Entity: _____
Dollar value of each contract: _____
Contract products or services provided: _____

Total number of jobs created or retained as a result of contract(s)

Have you received any other benefits as a result of your WBE Certification?

What other services would you like to receive as a Certified Women-Owned
Business Enterprise?



