

**Commonwealth of Virginia Unified Certification Program**

**Virginia Unified Certification Program Notice of Change**

Please complete the following carefully. You must attach supporting documentation describing in detail the nature of any changes.

**Contact INFORMATION**

**A. Contact Information**

1) Contact Person:	Title:	2) Legal Name of Firm:
FEIN:		Certification No.:
3) Phone:	4) Other Phone:	5) Fax:
6) Email for Certification**:		Email for Public Directory:
7) Website:		
8) Street Address of Firm (No P.O. Box):		City, State, Zip:
9) Mailing Address of Firm (if different):		City, State, Zip:

**\*\*Please note that most communications from the Department of Small Business and Supplier Diversity about your DBE Certification will be sent to you electronically and not by the postal service.\*\***

Firm's number of employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_ Total \_\_\_\_\_  
 Affiliates' number of employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_ Total \_\_\_\_\_

Specify the firm's gross receipts for the last 3 years. (Submit complete copies of the firm's Federal tax returns for any year not already on file. If there are affiliates or subsidiaries of the applicant firm or owners, you must submit complete copies of these firms' Federal tax returns, if they have not been previously submitted).

Year \_\_\_\_\_ Gross Receipts of Applicant Firm \$ \_\_\_\_\_ Gross Receipts of Affiliate Firms \$ \_\_\_\_\_  
 Year \_\_\_\_\_ Gross Receipts of Applicant Firm \$ \_\_\_\_\_ Gross Receipts of Affiliate Firms \$ \_\_\_\_\_  
 Year \_\_\_\_\_ Gross Receipts of Applicant Firm \$ \_\_\_\_\_ Gross Receipts of Affiliate Firms \$ \_\_\_\_\_

**SWaM Micro Business Designation**

**As a certified SWaM Small Business by the Department, your company might qualify to be a "Micro Business". Micro Business is a certified Small Business under the SWaM Program and, together with its affiliates, has no more than twenty-five (25) employees -AND- no more than \$3 million in average annual revenue over the three-year period prior to their certification.**

Is the firm certified as a SWaM Small business?      Yes    No    Expiration Date:  
 If not already certified, or if time for renewal, do you also want to apply for "Micro Business Certification?    Yes    No  
 If applying for, or renewing Micro, submit the last four Federal quarterly 941 (Employer's Quarterly Federal Tax Return) for the firm and its affiliates.

### EXPANSION OF SERVICES

1. Only complete this section if your firm is requesting certification for **additional** NAICS Codes.
2. Please list no more than 10 NAICS Codes under which your firm works (This will included the Codes for which you are currently certified): (see <http://www.census.gov/naics/2007/NAICOD07.HTM>)
3. You will be required to submit documentation demonstrating your firm's ability to perform the requested services, as well as your ability to control the firm with regards to these services. **(Out of State firms will require home state certification for all requested codes.)**

NAICS Code	Work Description

**Section 3: MAJORITY OWNER INFORMATION**

**A. Identify the majority owner of the firm holding 51% or more ownership interest.**

(1) Full Name: _____	(2) Title: _____	(3) Home Phone #: ( ) _____ - _____
(4) Home Address (Street and Number): _____	City: _____	State: _____
Zip: _____		

<p>(5) Gender:    Male    Female</p> <p>(6) Ethnic group membership (Check all that apply):</p> <p>Black                      Hispanic</p> <p>Asian Pacific              Native American</p> <p>Subcontinent Asian</p> <p>Other (specify) _____</p> <p>(7) U.S. Citizenship:</p> <p>U.S. Citizen</p> <p>Lawfully Admitted Permanent Resident</p>	<p>(8) Number of years as owner: _____</p> <p>(9) Percentage owned: _____ %</p> <p>Class of stock owned: _____</p> <p>Date acquired _____</p> <table border="0" style="width:100%;"> <tr> <td style="width:60%;"><b>(10) Initial investment to acquire ownership interest in firm:</b></td> <td style="width:15%;"><u>Type</u></td> <td style="width:25%;"><u>Dollar Value</u></td> </tr> <tr> <td></td> <td>Cash</td> <td>\$ _____</td> </tr> <tr> <td></td> <td>Real Estate</td> <td>\$ _____</td> </tr> <tr> <td></td> <td>Equipment</td> <td>\$ _____</td> </tr> <tr> <td></td> <td>Other</td> <td>\$ _____</td> </tr> </table> <p>Describe how you acquired your business:</p> <p>Started business myself _____</p> <p>It was a gift from: _____</p> <p>I bought it from: _____</p> <p>I inherited it from: _____</p> <p>Other _____</p>	<b>(10) Initial investment to acquire ownership interest in firm:</b>	<u>Type</u>	<u>Dollar Value</u>		Cash	\$ _____		Real Estate	\$ _____		Equipment	\$ _____		Other	\$ _____
<b>(10) Initial investment to acquire ownership interest in firm:</b>	<u>Type</u>	<u>Dollar Value</u>														
	Cash	\$ _____														
	Real Estate	\$ _____														
	Equipment	\$ _____														
	Other	\$ _____														

**B. Additional Owner Information**

**(1) Describe familial relationship to other owners and employees:**

\_\_\_\_\_

\_\_\_\_\_

**(2) Does this owner perform a management or supervisory function for any other business?    Yes    No**

If Yes, identify: Name of Business: \_\_\_\_\_ Function/Title: \_\_\_\_\_

**(3)(a) 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**

Identify the name of the business, and the nature of the relationship, and the owner's function at the firm:

\_\_\_\_\_

**(b) Does this owner work for any other firm, non-profit organization, or is engaged in any other activity more than 10 hours per week? If yes, identify this activity: \_\_\_\_\_**

**(4)(a) What is the personal net worth of this disadvantaged owner applying for certification ? \$ \_\_\_\_\_**

**(b) Has any trust been created for the benefit of this disadvantaged owner(s)?    Yes    No**

(If Yes, you may be asked to provide a copy of the trust instrument).

**(5) Do any of your immediate family members, managers, or employees own, manage, or are associated with another company?    Yes    No** If Yes, provide their name, relationship, company, type of business, and indicate whether they own or manage the company: (Please attach extra sheets, if needed): \_\_\_\_\_

\_\_\_\_\_

**Section 3: OWNER INFORMATION, Cont'd.**

**A. Identify all individuals, firms, or holding companies that hold LESS THAN 51% ownership interest in the firm** (Attach separate sheets for each additional owner)

(1) Full Name: \_\_\_\_\_ (2) Title: \_\_\_\_\_ (3) Home Phone #: \_\_\_\_\_  
( ) \_\_\_\_\_ - \_\_\_\_\_  
(4) Home Address (Street and Number): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(5) Gender: Male Female  
(6) Ethnic group membership (Check all that apply)  
Black Hispanic  
Asian Pacific Native American  
Subcontinent Asian  
Other (specify) \_\_\_\_\_

(7) U.S. Citizenship:  
U.S. Citizen  
Lawfully Admitted Permanent Resident

(8) Number of years as owner: \_\_\_\_\_  
(9) Percentage owned: \_\_\_\_\_ %  
Class of stock owned: \_\_\_\_\_  
Date acquired \_\_\_\_\_  
(10) Initial investment to acquire ownership interest in firm:  

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

Describe how you acquired your business:  
Started business myself  
It was a gift from: \_\_\_\_\_  
I bought it from: \_\_\_\_\_  
I inherited it from: \_\_\_\_\_  
Other \_\_\_\_\_  
(Attach documentation substantiating your investment)

**B. Additional Owner Information**

(1) Describe familial relationship to other owners and employees:  
\_\_\_\_\_  
\_\_\_\_\_

(2) Does this owner perform a management or supervisory function for any other business? Yes No  
If Yes, identify: Name of Business: \_\_\_\_\_ Function/Title: \_\_\_\_\_

(3)(a) 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  
Identify the name of the business, and the nature of the relationship, and the owner's function at the firm:  
\_\_\_\_\_

(b) Does this owner work for any other firm, non-profit organization, or is engaged in any other activity more than 10 hours per week? If yes, identify this activity: \_\_\_\_\_

(4)(a) What is the personal net worth of this disadvantaged owner applying for certification? \$ \_\_\_\_\_

(b) Has any trust been created for the benefit of this disadvantaged owner(s)? Yes No  
(If Yes, you may be asked to provide a copy of the trust instrument).

(5) Do any of your immediate family members, managers, or employees own, manage, or are associated with another company? Yes No If Yes, provide their name, relationship, company, type of business, and indicate whether they own or manage: (Please attach extra sheets, if needed): \_\_\_\_\_

**Section 4: CONTROL**

**A. Identify your firm’s Officers and Board of Directors** (If additional space is required, attach a separate sheet):

	Name	Title	Date Appointed	Ethnicity	Gender
<b>(1) Officers of the Company</b>	(a)				
	(b)				
	(c)				
	(d)				
<b>(2) Board of Directors</b>	(a)				
	(b)				
	(c)				
	(d)				

**(3) Do any of the persons listed above perform a management or supervisory function for any other business?**

Yes No If Yes, identify for each:

Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Business: \_\_\_\_\_ Function: \_\_\_\_\_

Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Business: \_\_\_\_\_ Function: \_\_\_\_\_

**(4) Do any of the persons listed in section A 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:

Firm Name: \_\_\_\_\_ Person: \_\_\_\_\_  
 Nature of Business Relationship: \_\_\_\_\_

**B. Duties of Owners, Officers, Directors, Managers, and Key Personnel**

**1. (Identify your firm’s management personnel who control your firm in the following areas (Attach separate sheets as needed).)**

A= Always F = Frequently	S = Seldom N = Never	Majority Owner (51% or more)				Minority Owner (49% or less)			
		Name: _____	Title: _____	Percent Owned: _____		Name: _____	Title: _____	Percent Owned: _____	
Sets policy for company direction/scope of operations		A	F	S	N	A	F	S	N
Bidding and estimating		A	F	S	N	A	F	S	N
Major purchasing decisions		A	F	S	N	A	F	S	N
Marketing and sales		A	F	S	N	A	F	S	N
Supervises field operations		A	F	S	N	A	F	S	N
Attend bid opening and lettings		A	F	S	N	A	F	S	N
Perform office management (billing, accounts receivable/payable, etc.)		A	F	S	N	A	F	S	N
Hires and fires management staff		A	F	S	N	A	F	S	N
Hire and fire field staff or crew		A	F	S	N	A	F	S	N
Designates profits spending or investment		A	F	S	N	A	F	S	N
Obligates business by contract/credit		A	F	S	N	A	F	S	N
Purchase equipment		A	F	S	N	A	F	S	N
Signs business checks		A	F	S	N	A	F	S	N

**2. Complete for all Officers, Directors, Managers, and Key Personnel who control the following functions for the firm. (Attach separate sheets as needed).**

<b>A= Always</b> <b>S = Seldom</b> <b>F = Frequently</b> <b>N = Never</b>	Officer/Director/Manager/Key Personnel				Officer/Director/Manager/ Key Personnel			
	Name: _____				Name: _____			
Title: _____				Title: _____				
Race and Gender: _____				Race and Gender: _____				
Percent Owned: _____				Percent Owned: _____				
Sets policy for company direction/scope of operations	A	F	S	N	A	F	S	N
Bidding and estimating	A	F	S	N	A	F	S	N
Major purchasing decisions	A	F	S	N	A	F	S	N
Marketing and sales	A	F	S	N	A	F	S	N
Supervises field operations	A	F	S	N	A	F	S	N
Attend bid opening and lettings	A	F	S	N	A	F	S	N
Perform office management (billing, accounts receivable/payable, etc.)	A	F	S	N	A	F	S	N
Hires and fires management staff	A	F	S	N	A	F	S	N
Hire and fire field staff or crew	A	F	S	N	A	F	S	N
Designates profits spending or investment	A	F	S	N	A	F	S	N
Obligates business by contract/credit	A	F	S	N	A	F	S	N
Purchase equipment	A	F	S	N	A	F	S	N
Signs business checks	A	F	S	N	A	F	S	N

Do any of the persons listed in B1 or B2 perform a management or supervisory function for any other business? If Yes, identify the person, the business, and their title/function: \_\_\_\_\_

Do any of the persons listed 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.) If Yes, describe the nature of the business relationship: \_\_\_\_\_

# AFFIDAVIT OF CONTINUED ELIGIBILITY

I, \_\_\_\_\_ (printed name), in the City/County of \_\_\_\_\_ being duly sworn  
deposes and says that he/she is \_\_\_\_\_ (title) of \_\_\_\_\_  
(print name of organization) and hereby declares under penalty

of perjury that the information in this affidavit is true and correct statement as of the date hereby given. The undersign attests that this firm continues to be owned and controlled by disadvantaged individuals and that the personal net worth of all the owners whose ownership is relied upon for Disadvantaged Business Enterprise (DBE) status does not exceed \$1,320,000 and that the firm continues to be a small business as defined by the Small Business Administration (SBA) in its governing regulation, 13 CFR 121 located at: [http://www.sba.gov/idc/groups/public/documents/sba\\_homepage/sba\\_010224.pdf](http://www.sba.gov/idc/groups/public/documents/sba_homepage/sba_010224.pdf)

I further attest that I have not been denied bidding privileges or DBE certified under any other federal programs. I acknowledge that the Virginia Department of Small Business and Supplier Diversity (VDSBSD) hereby reserves the right to make inquiries in order to verify any information relating to the firm's application and status as an eligible DBE.

I agree that VDSBSD will be notified in writing within 30 days of any changes in ownership and/or control, personal net worth and/or size standard that would impact the firm's eligibility to remain in the program.

## Notary Certificate, with Notary Seal

City / County of \_\_\_\_\_

In the Commonwealth / State of \_\_\_\_\_

The foregoing instrument was subscribed and sworn before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

By \_\_\_\_\_ (name of person / DBE applicant)

\_\_\_\_\_  
Notary Signature

Notary Registration # \_\_\_\_\_

My Commission expires: \_\_\_\_\_ (date)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**IMPORTANT NOTE:** *In the Commonwealth of Virginia, any false statement is sufficient cause for denial of DBE certification, revocation of a prior approval or suspension, and may subject the person and/or entity making the false statement to any and all civil and criminal penalties under applicable federal and state laws.*