



SOUTH CENTRAL TEXAS REGIONAL CERTIFICATION AGENCY
Your unified certification source
3201 Cherry Ridge Drive, Building C Suite 319, San Antonio, Texas 78230
Phone (210) 227-4722 Fax (210) 227-5712 www.sctrca.org
Hablamos Español(210) 227-4722

CERTIFICATION RENEWAL AFFIDAVIT

1. a. Business Name: _____
 b. Doing business under name of (if different):

 c. Physical Address (Main Office):

 No. / Street Name / City / State / Zip / County
 d. Mailing Address (if different):

 No./ Street Name / P.O. Box No. / City / State / Zip / County
 e. Phone: _____ Fax: _____
 f. E-mail: _____ g. WEB: _____
2. Sole Proprietor or Majority Owner(s) Full Name/Title:

3. Tax Identification Number or Owner's Social Security Number (for Sole Proprietors):

4. Business Structure (check appropriate business structure):
 Sole Proprietorship
 Partnership Limited Partnership
 Corporation Limited Liability Corporation
5. Identify any changes to your major products/services offered:

6. Provide the six-digit NAICS code which corresponds with your work category. www.sctrca.org

7. Please indicate any changes in your firm within the past two (2) years.
 Changes in ownership or control
 Changes in Directors/Officers in the company
 Changes in business structure
 No changes
8. Please identify the firm's ownership and directors:

Ethnic Codes: CA - White/Caucasian AA - African American HI - Hispanic American AI - Asian Indian AS - Asian Pacific American and Sub-Continent Asian American NA - Native American DI - Disabled Individual

Name	Title	Ethnicity	Sex	Years Of Ownership	Ownership %	Director Y/N
(a)						
(b)						
(c)						

9. What are the gross receipts of the firm for the past three (3) years?

Year Ending	Exact Gross Receipts	Number of Employees Including Owner (Specify if Full Time, Part Time or Contract)
20__		
20__		
20__		

10. Your firm is certified with SCTRCA as a:

- Small Business Enterprise (SBE)
- Minority Business Enterprise (MBE)
- Woman Business Enterprise (WBE)
- African American Business Enterprise (AABE)
- Disabled Individual Business Enterprise (DIBE) - If you believe your firm qualifies as a DIBE; please include documentation from a medical doctor or government agency verifying 51 percent owner(s) disability with this renewal.
- Veteran Business Enterprise (VBE) - If you believe your firm qualifies as a VBE; please include a copy of the 51 percent owner(s) DD-214 with this renewal.

► **Additional Information (as applicable)**

- Current copy of applicable Licenses or Certificates to perform work, if required by state law (i.e., plumbing, electrical, CPA, engineering, law, medical, etc.)

IMPORTANT NOTICES: The SCTRCA reserves the right to request any additional information deemed necessary to determine if a firm is certifiable. The burden of proof of ownership, management and control of the business is on the Applicant. Failure to cooperate and/or provide requested information, within the time specified, is grounds for termination in the processing of *your Renewal Affidavit*. If at any time the SCTRCA has reason to believe that any person or firm has willfully and knowingly provided incorrect or false information, the SCTRCA will initiate de-certification procedures. De-certification is automatic if a certified Small, Minority, Woman, African American, Disabled Individual or Veteran-owned business enterprise has a change in ownership, management or control and does not notify the SCTRCA within 30 days of said change. To locate SCTRCA Small, Minority, Woman, African American, Disabled Individual or Veteran-owned business enterprise policies and procedures, please visit www.sctrca.org.

VENDOR DIRECTORY/DATABASE DISCLOSURE: The SCTRCA does **not** disclose information that may be regarded as **proprietary or confidential** under federal and/or state law. However, as a part of its outreach efforts, the SCTRCA maintains a vendor directory/database that is available to the general public. The information in the vendor directory/database consists of Firm name, contact person, address, fax and phone numbers; service or product provided and certification status, if any. No proprietary or financial information is included. Unless this provision is crossed out and initialed by Firm, the directory information of the Firm will be available to the public on the database.

AFFIDAVIT: This form must be signed for each owner upon whom certification status is relied. A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS CERTIFICATION APPLICATION IS SUFFICIENT GROUNDS FOR DENIAL OF CERTIFICATION OR REVOCATION OF A PREVIOUSLY APPROVED CERTIFICATION 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 AS WELL AS CITY ORDINANCE.

The undersigned swears or affirms under penalty of law that I have read and understand all of the questions in this application and that all of the foregoing information and statements submitted in connection with the application are true and correct to the best of my knowledge and include all material information necessary to accurately identify and explain the operations and capabilities of

(Name of the Firm) _____
 along with the ownership, management and control thereof. The undersigned also affirms and expressly agrees that the Firm's directory information consisting of Firm name, address, phone number, fax number, contact person, services and/or goods offered, along with certification status of the Firm, if any, will be available to the public in the SCTRCA vendor directory/database.

Signature of Sole Proprietor or Majority Owner(s):

Name

Signature

Title

Date