



CLAYTON COUNTY WATER AUTHORITY
 CONTRACTS, COMPLIANCE AND RISK MANAGEMENT
 1600 Battle Creek Road
 Morrow, GA 30260
 Phone: 770-960-5880
 Email: ccwa_slbe_program@ccwa.us Web Site: www.ccwa.us

**SMALL LOCAL BUSINESS ENTERPRISE
 2ND TERM PROVISIONAL APPLICATION
 (For use **ONLY** after 1st Provisional Term)
 Revised: 08/01/17**

Business Name & Address	Mailing Address (if different)
_____	_____
_____	_____
_____	_____
Phone Number: _____	Fax Number: _____
Email Address: _____	Website: _____

Type of Business (check one)

- | | | |
|--|--|--|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Engineering | <input type="checkbox"/> Architectural |
| <input type="checkbox"/> Professional Services | <input type="checkbox"/> Goods & Services Manufacturer | <input type="checkbox"/> Goods & Services Non-Manufacturer |
| <input type="checkbox"/> Other _____ | | |

5 Digit NIGP Code _____ **NIGP Code Description** _____

Current Business License Number _____ City or County/State _____

Small Business Enterprise Certifying Agency _____

(Include proof of Current Certification as Small Business)

How did you hear about our program? _____

Name of Officers/Owners/Partners (Please print legibly)

President _____	Vice President _____
Secretary _____	Treasurer _____
Owner _____	Partner _____

Signature _____

Title _____ Date _____

THIS FORM MUST BE SIGNED AND NOTARIZED

Sworn to and subscribed before me

Notary Seal:

This _____ day of _____, 20 _____

 Notary Public

My Commission Expires: _____