



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

APPLICATION FOR RECERTIFICATION (General Certification **ONLY)**

Contact Name: _____

Business Name: _____

Business Address: _____

	Street	City	County	State	Zip Code
Mailing Address:	_____	_____	_____	_____	_____
<i>(If different)</i>	Street	City	County	State	Zip Code

Email Address: _____ Website: _____

Phone Number: _____ Fax Number: _____

Description of Business/Services: _____ Digit NIGP Code _____

NIGP Code Description _____

PLEASE ATTACH THE FOLLOWING DOCUMENTS FOR RECERTIFICATION.

Your Application cannot be processed without all of the following:	Please (√) to verify that you have attached the documents.
A copy of your business license for the current and prior year	Included <input type="checkbox"/> Yes <input type="checkbox"/> No
A copy of all financial statements (balance/income) for the past year.	Included <input type="checkbox"/> Yes <input type="checkbox"/> No
A signed copy of your firm's corporate income tax return including all schedules for the current and prior year . <i>(If an income tax return has not been filed for the current tax year, please attach an attested copy of your request for an extension and a copy of an up-to-date financial statement.)</i>	Included <input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of lease, rental or management agreement for business premises, including local business phone number, OR a copy of your deed if the premise is owned. For home based businesses, include a copy of the deed OR rental agreement AND a notarized statement that the business is home based.	Included <input type="checkbox"/> Yes <input type="checkbox"/> No
ATTACHMENT "A" AFFIDAVIT	Included <input type="checkbox"/> Yes <input type="checkbox"/> No

Business Ownership and Control:

Name of Owner	Percentage of Ownership

- Are there any changes in the primary field of operation of the firm? Yes No
- Has the structure of the firm changed in the last two years? Yes No
- Have there been any changes to the ownership or control of the firm? Yes No
If you answered "yes" to any of the above, please attach a detailed explanation on a separate sheet.
- How is your IRS tax reporting completed? Calendar Year Fiscal Year, list year end date: _____.
- Annual Gross Receipts for the current year and previous years:
 \$ _____ Year _____
 \$ _____ Year _____
 \$ _____ Year _____

AFFIDAVIT-Attachment A

The undersigned swears that the foregoing statements are true and correct and includes all the material information necessary to identify and explain the operations and the ownership of the firm. The undersigned further attests that the ownership and control of the firm seeking recertification rests with an eligible minority, local small business or women owner. Any misrepresentation will be grounds for terminating any contract which may have been awarded and/or for de-certification as an SLBE. Further, Clayton County Water Authority reserves the right to initiate such action as is available under Federal or State Law concerning false statements. The undersigned agrees to inform the Contracts, Compliance and Risk Management, of any significant change in the information submitted. Such changes would include the dissolution of the business, the sale of all or any part of the business to another party, changes in the day-to-day control of the firm, changes in the nature of work performed by the firm and other circumstances which could have a bearing on the eligibility of the firm to continue to meet the criteria for certification.

Firm Owner/Officer _____
Signature Printed Name

Affix Corporate Seal (*if applicable*):

Title: _____ Date: _____
Print

THIS FORM MUST BE NOTARIZED

Sworn to and subscribed before me

Notary Seal:

This _____ day of _____, 20_____

Notary Public

My Commission Expires: _____

PLEASE RETURN THIS COMPLETED APPLICATION AND ALL DOCUMENTS TO:

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