



**SMALL LOCAL BUSINESS ENTERPRISE PROGRAM  
CLAYTON COUNTY WATER AUTHORITY  
PURCHASING DEPARTMENT**  
1600 BATTLE CREEK ROAD  
MORROW, GEORGIA 30260  
Phone: (770) 960-5880  
Email: [ccwa\\_slbe\\_program@ccwa.us](mailto:ccwa_slbe_program@ccwa.us) Web Site: [www.ccwa.us](http://www.ccwa.us)



## PROVISIONAL CERTIFICATION APPLICATION

**APPLICATION TERM:**  
 Provisional  
 2<sup>nd</sup> Provisional

**Purpose of this form:** This form shall be used by applicant firms to apply for Small Local Business Enterprise Provisional Certification with the Clayton County Water Authority (CCWA). Certification does not guarantee any present or future contracts with CCWA. All certified vendors must take the necessary steps to bid or propose competitively for business.

**How to submit this form:** This form must be completed in its entirety and submitted along with the supporting documents via email to [ccwa\\_slbe\\_program@ccwa.us](mailto:ccwa_slbe_program@ccwa.us). Failure to submit required documentation may result in the return of unprocessed application and denial of certification.

### A. APPLICANT FIRM INFORMATION

Business Name: \_\_\_\_\_  
 Primary Owner: \_\_\_\_\_ Citizenship:  U.S. Citizen  Lawfully Permanent Resident  
 Physical Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Website: \_\_\_\_\_  
Name of Officers/Owners/Partners  
 President: \_\_\_\_\_ Vice President: \_\_\_\_\_  
 Owner: \_\_\_\_\_ Partner: \_\_\_\_\_

### B. SLBE QUALIFIER & DESIGNATION INFORMATION

<u>Type of Business: (Select One)</u>	<u>Business Description:</u>	<u>Business Location: (Select One)</u>	<u>Supporting Documents:</u>
<input type="checkbox"/> Construction Firm	5 Digit <a href="#">NIGP Code</a> *	<input type="checkbox"/> Clayton County	<input type="checkbox"/> County Business License
<input type="checkbox"/> Professional Service Firm	_____	<input type="checkbox"/> Other CCWA SLBE Area (Cherokee, Cobb, Dekalb, Douglas, Fayette, Fulton, Gwinnett, Henry, Rockdale, Spalding County)	<input type="checkbox"/> Small Business Enterprise Certifying Agency Certification (DOT DBE, LSBE, SLBE, or SBE)
<input type="checkbox"/> Architectural Service Firm	NIGP Code Description		<input type="checkbox"/> Government Issued ID
<input type="checkbox"/> Engineering Service Firm	_____		
<input type="checkbox"/> Goods & Services Firm	_____		

Firm Size: (Provide Annual Gross Receipts and Number of Employees for previous 3 years. At minimum, figures for previous full calendar or fiscal year required.)

Year	Annual Gross Receipts (\$) (Construction, Professional, Architectural, & Engineering Service Firms)	Number of Employees (Quantity) (Goods & Services Firms Only)

### C. CERTIFICATION: (This application must be signed and notarized)

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_

#### NOTARY:

Sworn to and subscribed before me  
 This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 Notary Public: \_\_\_\_\_  
 Commission Expiration: \_\_\_\_\_

\*The NIGP Code is a universal taxonomy for identifying commodity and services in government procurement systems. Click on the hyperlink to identify the corresponding NIGP Code.