

SMALL LOCAL BUSINESS ENTERPRISE PROGRAM CLAYTON COUNTY WATER AUTHORITY PURCHASING DEPARTMENT

1600 BATTLE CREEK ROAD MORROW, GEORGIA 30260

Phone: (770) 960-5880





AFFIDAVIT OF NO CHANGE

Purpose of this form: This form shall be used by the SLBE Certified Firm to comply with the eligibility requirements of the General Certification.

Submission						
(Anniversary)						
☐ 2 nd Year						
☐ 4 th Year						

How to submit this form: This form must be competed in its entirety and submitted via email to ccwa_slbe_program@ccwa.us. Failure to submit form may result in revocation of certification.

A. FIRM INFORM	MATION					
Business Name: _						
Contact Person: _	Title:					
Physical Address: _						
Mailing Address: _						
Email Address: _	Phone Number:					
Certification No.: _						
B. CERTIFICATI	ON: (This Form must be s	signed and notarized	1)			
I,			, affirm	that there hav	re been no changes affecting the firm's ability to	
location or ownership	requirements of Clayton (County Water Author	ority's Small Loca	l Business Ent	terprise Certification Program. I affirm there have	
been no material char	nges in the information pro	vided with the firm'	s application for o	certification, ex	xcept for any changes about which I have provided	
written notice to Clay	ton County Water Authori	ty. I affirm that my	firm continues to	meet the Sma	ll Local Business Enterprise Program size criteria,	
and the overall gross	receipts cap. For the last 3	years, beginning wi	th the most recent	calendar year	-end, tax records are as follows:	
YEAR	ANNUAL GROSS RECEIPTS (\$) (Construction, Professional, Architectural, & Engineering Service Firms)				NO. OF EMPLOYEES (Goods & Services Firms Only)	
	(Construction, 1 foressi	onai, Arcintecturai, t	& Engineering Se	rvice i iiiis)	(Goods & Services I mins Omy)	
APPLICANT FIRM	OWNER/OFFICER:					
Printed Name: _			Signature:			
Title: _			Date:			
NOTARY:						
Sworn to and subscribed before me			Notary Se	al:		
This	day of	, 20				
Notary Public:						
Commission Expirati	on:					