



- \_\_\_\_\_ The applicant firm's management and daily business operations are controlled by (i) one or more members of one or more minority groups and/or (ii) one or more women (circle one); and
- \_\_\_\_\_ The applicant firm is a local business located in \_\_\_\_\_ county; and
- \_\_\_\_\_ The applicant firm's annual average gross receipts over the previous three fiscal years do not exceed \$38.11 million. (The applicant firm's annual average gross receipts over the previous three fiscal years are \$\_\_\_\_\_); and
- \_\_\_\_\_ The applicant firm is a legitimate for-profit business; and
- \_\_\_\_\_ The applicant firm is not a construction firm or company; and
- \_\_\_\_\_ The applicant firm is not a supplier, distributor or broker; and
- \_\_\_\_\_ The owner(s) of the applicant firm has the necessary resources and the expertise to operate in the firm's field of work; and
- \_\_\_\_\_ The applicant firm is a viable business; and
- \_\_\_\_\_ All of the required documents are attached to the certification application; and
- \_\_\_\_\_ I am a licensed attorney or certified public accountant in the State of Illinois, having held such license for at least three years, and am in good standing with the applicable licensing board, or I am a certification officer employed by a certifying agency as defined by the Municipal Code of Chicago; and
- \_\_\_\_\_ I do not have a familial relationship with the owner(s) of the firm applying for certification; and
- \_\_\_\_\_ I do not have ownership interest in the firm applying for certification; and
- \_\_\_\_\_ I have not been convicted or found liable of:
- (1) knowingly making a false statement of material fact on or in connection with any City application, or
  - (2) knowingly submitting in support of any City application any document containing false or fraudulent information, or
  - (3) knowingly affixing a false signature to any City application; and
- \_\_\_\_\_ I have not been debarred or otherwise found to be ineligible to do business with the City pursuant to Section 2-92-320 of the Municipal Code of Chicago; and
- \_\_\_\_\_ I have read and understand the City of Chicago Regulations Governing Certification of Minority and Women-Owned Business Enterprises; and
- \_\_\_\_\_ I conducted a site visit of the applicant firm's facility(s) to determine eligibility as an MBE or WBE; and

\_\_\_\_\_ The attached application:  
(1) is complete; and  
(2) is, as of the date of submission, in accordance with the requirements of the City of Chicago Minority and Women-owned Business Enterprise certification program, ordinance and regulations and all other applicable laws; and

\_\_\_\_\_ The applicant firm is eligible for certification(s) and/or expanded specialty area(s) recommended on the first page of this form; and

\_\_\_\_\_ To the best of my knowledge, all information and assertions made in the application and documents submitted in support of such application are true and correct; and

\_\_\_\_\_ If I become aware of any false or inaccurate statement in the certification application or any document submitted in support of such application, regardless of whether such false or inaccurate statement was made by me or by my agent or employee, I will immediately take all measures necessary to notify the City of Chicago's Department of Procurement Services of such false or inaccurate statement; and

\_\_\_\_\_ I understand that the Chief Procurement Officer (CPO) of the Department of Procurement Services will rely upon the truth and accuracy of the statements contained in this Affidavit as the basis for issuing a certification under the City of Chicago's Minority and Women-owned Business Enterprise Certification Program; and

\_\_\_\_\_ I understand that if the applicant is approved for certification, such certification is subject to audit and/or field inspection by the Department of Procurement Services and the firm is subject to decertification by the City of Chicago.

\_\_\_\_\_  
Signature of Professional or Certification Officer Employed by Certifying Agency

\_\_\_\_\_  
Date Signed

State of \_\_\_\_\_, County of \_\_\_\_\_  
Signed and sworn before me on this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Signature

My commission expires: \_\_\_\_\_