

SECTION V – ADDITIONAL INFORMATION

THIS SECTION SHOULD BE USED FOR ADDITIONAL INFORMATION AND EXPLANATION IN PREVIOUS SECTIONS. IDENTIFY APPLICABLE SECTION AND/OR QUESTION NUMBER IN YOUR COMMENT. IF NECESSARY, USE ADDITIONAL SHEETS AND ATTACH TO APPLICATION.

SECTION VI - STATE OF CALIFORNIA CERTIFICATIONS

CHECK APPLICABLE:	CERTIFICATION NUMBER(S)	EXPIRATION DATE(S)
<input type="checkbox"/> DGS SMALL/MICRO BUSINESS		
<input type="checkbox"/> DBE		

***SECTION VII – INFORMATION DISCLOSURE AUTHORIZATION**

CHECK ONE OF THE FOLLOWING:

- BY MY SIGNATURE BELOW, I AUTHORIZE THE CITY OF SACRAMENTO, OFFICE OF SMALL BUSINESS TO SHARE THE CERTIFICATION INFORMATION PROVIDED HEREIN WITH OTHER GOVERNMENT CERTIFICATION ENTITIES.
- I DO NOT WANT THE CITY OF SACRAMENTO, OFFICE OF SMALL BUSINESS TO PROVIDE INFORMATION PROVIDED HEREIN TO ANY OTHER GOVERNMENT ENTITIES FOR CERTIFICATION PURPOSES.

SIGNATURE OF OWNER/OFFICER _____ **DATE** _____

***SECTION VIII – AFFIDAVIT**

Under penalty of perjury, the undersigned certifies that all information set forth on and submitted with the foregoing re-certification application is true and correct, and includes all material and information necessary to identify and explain the ownership, operation and control of the business.

NAME OF FIRM APPLYING FOR RE-CERTIFICATION, HEREAFTER REFERRED TO AS THE "FIRM"

All written agreements concerning the operation of the Firm shall be submitted with this Application. All oral and tacit agreements concerning the operation of the Firm shall be reduced to writing and submitted with the Application. The undersigned certifies, under penalty of perjury, that all such written, oral and tacit agreements are included in, or are attached to, this Application.

The submission of any document or information in connection with this Re-Certification Application that is known by the person or Firm submitting such documentation or information, to be false or contain false information, shall be grounds for all available administrative and legal remedies including, without limitation, terminating any contract with such person or Firm and/or initiating debarment proceedings under any Federal, State, or local law or regulation.

This Affidavit was executed in _____, _____ STATE
CITY

Printed Name _____ Title _____

Signature _____ Date _____

SUBMIT COMPLETED RE-CERTIFICATION APPLICATION AND ALL SUPPORTING DOCUMENTS TO:

CITY OF SACRAMENTO
ECONOMIC DEVELOPMENT OFFICE OF SMALL BUSINESS
 915 I STREET, 3RD FLOOR, SACRAMENTO, CA 95814
 PHONE: (916) 808-7223
 FAX: (916) 808-6765/808-8161
 WEBSITE: WWW.CITYOFSACRAMENTO.ORG/ECONDEV
 E-MAIL (PDF FORMAT): ESBD@CITYOFSACRAMENTO.ORG