

**CITY OF CLEVELAND
OFFICE OF EQUAL OPPORTUNITY (OEO)**

RE-CERTIFICATION APPLICATION

Requirements for Applicant:

1. Certification must be renewed annually. A re-certification application form follows on the next page.
2. You must initiate the re-certification by submitting the form.
3. You must initiate the re-certification before the expiration date of your certification for the prior year. Please note it is the responsibility of the certified business owner to reapply at least 30 days before the annual expiration.
4. No re-certification form will be accepted unless it is printed or typewritten, notarized and bears the signature(s) of the owner(s).
5. You must complete a new certification application package if there has been a change in ownership or control of your company.
6. Every five (5) years after your original certification, you must apply for certification via the full initial certification application process.

This certification form does not waive the right of the City Of Cleveland to request additional information, or from making site visits as part of the certification process. The Office of Equal Opportunity retains the right to deny certification to a company even when other entities have decided to grant that company certification.

Re-Certification Affidavit and Application

Please check all that apply to you: MBE ____ FBE ____ CSB ____

Company Name: _____

Address: (where CEO and top management perform their management duties)

City: _____ Zip: _____ County: _____

Telephone: _____ Fax: _____ Email: _____

Owners Name(s), Title(s), % of business owned:

Explain changes from prior year:

Brief description of products and/or services:

I attest that the information currently on file in The Office of Equal Opportunity is correct
_____ **Must be initialed.**

Please submit the following documents with this Affidavit:

- _____ Current copy of your workers' compensation certificate.
- _____ Current copy of your certificate for liability insurance for business.
- _____ Copies of current contracts, invoices and/or purchase orders in the area of certification.
- _____ Current copy of any licenses applicable to your scope of services and/or supplies.
- _____ Federal tax return (current & previous year)

Explain if any of the above documents are not required for the applicant's business.

Gross Revenue

Most recent fiscal year _____

Fiscal year prior to the above _____

STATE OF OHIO:)
) S.S.
CUYAHOGA COUNTY)

I, _____, being first duly sworn, depose and say that I am the
_____ of _____, and the
foregoing information in this affidavit and application is true to the best of my knowledge.

NOTARIZATION: (Sign in the presence of a NOTARY PUBLIC)

Signature: _____

Name (print): _____

Title: _____

Date: _____

State of _____ County of _____

On this the _____ day of _____ 20_____, before me appeared
(Name) _____, that he or she was properly authorized by (Name of
Firm) _____, to execute the Affidavit and did so of his or her free act
and deed.

(Seal) Notary Public _____ My commission expires _____

<i>For internal use only</i>	
Tax return reviewed? _____	If so, by whom _____
Date _____	Any discrepancies noted? _____
If so, what discrepancies? _____ _____ _____	

