

CERTIFICATION OF DOCUMENTS

The undersigned does hereby swear that he/she is a duly authorized representative of (company name) _____, holding the position of _____ (title) and that the foregoing statements and attachments are true, accurate, complete and include all the information necessary to complete this application. Further, he/she understands that any misrepresentation will be grounds for denial, decertification and/or grounds for consideration of termination of any contracts, which may have been awarded, and possible action under Federal or State law concerning fraud and deception.

If after filing this application, there are any changes in the ownership of this business or in any information submitted, he/she will notify the Civil Rights Division within 14 calendar days; and he/she understands that failure to do so may result in the loss of the firm to participate in the VDOT Small Business Enterprise Program.

Printed Name of Applicant: _____

Signature of Applicant

Title: _____

Company Name: _____

Sworn to and subscribed before me this _____ day of _____, 20 _____ .

SEAL Notary Public: _____

Print and send application and supporting documents to: VDOT Small Business Enterprise Program Civil Rights Division Virginia Department of Transportation 1401 E. Broad Street Richmond, VA 23219 or fax to 804-371-8040 or send by e-mail to: VSBE@VDOT.Virginia.gov