

IRVING INDEPENDENT SCHOOL DISTRICT

NON-CERTIFIED MINORITY/WOMEN BUSINESS ENTERPRISE ATTESTATION

ALL CERTIFIED ENTERPRISES NEED ONLY SUBMIT CERTIFICATION DOCUMENTATION – DO NOT USE THIS FORM

PLEASE CHECK THE CORRESPONDING BOX FOR YOUR FIRM

<p style="text-align: center;">NON-CERTIFIED MINORITY BUSINESS ENTERPRISE (MBE)</p> <p><input type="checkbox"/></p>	<p>A business which is at least 51% owned, managed and the daily business operations controlled by one or more minority individuals. Minority generally includes the following groups: American Indians, Aleuts, Asian-Pacific Americans, Black Americans, Eskimos, Hispanic Americans, Native Hawaiians and Subcontinent Asian Americans. All ethnic female owned firms will be classified as an MBE.</p>
<p style="text-align: center;">NON-CERTIFIED WOMAN BUSINESS ENTERPRISE (WBE)</p> <p><input type="checkbox"/></p>	<p>A business which is at least 51% owned, managed and the daily business operations controlled by one or more women owners.</p>

GENERAL BUSINESS INFORMATION

1. Business Name			
Owner's Name			
Telephone Number	Fax Number	Mobile/Cell Number	
E-mail address		Internet Website / URL Address	
Alternate E-mail address		Alternate Contact Person	
2. Does this business use any other name(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, indicate name(s)	
3. Business Mailing Address			
City	State	County	Zip
4. Physical Address of Business			
City	State	County	Zip
5. Tax Identification Number	6. Date business was established under present name and ownership:		
7. Is this business a continuation of a pre-existing business? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes indicate name(s)			
8. Indicate if this firm has previously been certified or participated as a DBE / MBE / WBE. Indicate the name of the certifying authority and provide a copy of the certification letter/certificate.	Certifying Authority	Address	Date

9. Is the business affiliated with another business? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, list Name and Address of the affiliate firm.			
10. Business Structure (CHECK ONE):		PROPRIETORSHIP		PARTNERSHIP	
		LIMITED LIABILITY (LLC)		GENERAL CORP. (INC.)	
		CONCESSIONAIRE (To be considered an ACDBE you must complete the DBE application.)			
11. Please list three company and/or client references:					
COMPANY	CONTACT PERSON	TITLE	TELEPHONE		
12. Identify five or less of your major products/services					
PRODUCT OR SERVICE			PROVIDE A BRIEF DESCRIPTION:		
1.					
2.					
3.					
4.					
5.					
13. Does your firm share any resource(s) (office facilities, storage space, equipment, and personnel) with any other firms or individuals? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes explain:					
14. Please identify the firms' ownership: (use additional sheet if more than three owners)					
NAME	Ethnicity	Sex	Years of ownership	Ownership percentage	Voting percentage
15. Identify any owner or management official of the firm who is or has been an employee of another firm that has ownership interest or a present business relationship with your firm:					

AFFIDAVIT

The undersigned swears/affirms that the foregoing information and statements are true and correct and include all material and information necessary to identify and explain the operations of (name of firm) _____ as well as the ownership thereof.

Further, the undersigned agrees to permit the Irving Independent School District (IISD) to interview owners, principals, officers and employees; and to audit or examine books, records and files of the above firm.

If at any time the IISD has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statement, the IISD may refer the matter to its General Counsel or take other action.

NOTE: Under Title 18 U.S.C. Section 1001 and Title 15 U.S.C. Section 645, any person who misrepresents a firm's status as a small disadvantaged business concern or makes false statements in order to influence the certification process in any way to obtain a government contract, shall be subject to fines of up to \$500,000 and imprisonment of up to 10 years, or both.

The burden of proof of control and management of the business is on the applicant. The IISD reserves the right to request any additional information it deemed necessary to determine if a firm is certifiable. Failure to cooperate and/or provide requested information within the time specified is grounds for termination of the processing of your application for certification.

Name

Signature

Title

Date

Date _____ State of _____ County of _____

On this day before me appeared (name) _____ with proper identification, who being duly sworn, did execute the foregoing affidavit and did aver that he or she was properly authorized by (name of firm) _____ to execute this affidavit and did so as his or her free act/deed.

(SEAL)

Notary Public in and for the State of Texas

My Commission Expires:
