



**Jacksonville Small & Emerging Business
Continuing Eligibility
RE-CERTIFICATION AFFIDAVIT**

This affidavit is executed under penalty of perjury of the laws of the United States and State of Florida.

Complete name of business: _____

Address of business: _____

Owner name: _____

Phone number: _____ Number of employees: _____

Number of contracts with the city in the past year: Prime or Sub-contractor _____

Owners email: _____

The following must be included with this Affidavit:

- A copy of the firm's current Business Tax Receipt obtained through Tax Collector's Office
- A complete copy of the last three years of Business Taxes
- A copy of the owners professional license(s) (if applicable)
- If there has been a change in ownership this past year, you must file a new application

As a recertification requirement, the business owner must engage in continuing education. Have you completed continuing education workshops, certification updates, or courses within the past 2 years?

Yes No

Identify all owners of the business: if more than four owners list on additional sheet

NAME	YEARS OF OWNERSHIP	% OWNED

I understand that any material misrepresentation will be grounds for de-certification and for initiation of actions under State law(s) regarding the making of false statements. I certify that there has been no material changes in the information provided with this firm's most recent complete application for JSEB certification, except those heretofore conveyed, in writing to the City of Jacksonville.

Corporate Seal:

JSEB Owner's Signature

JSEB Owner's Printed Name

STATE OF FLORIDA, COUNTY OF DUVAL

State of _____

County of _____

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

by _____ (Name of affiant). He / She is personally known to me or has produced _____ (type of identification) as identification.

(Notary's printed name)

Commission Expiration

(Notary's Signature)