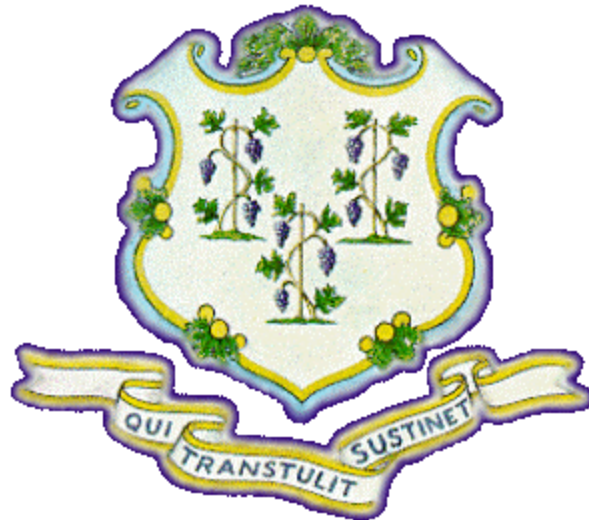


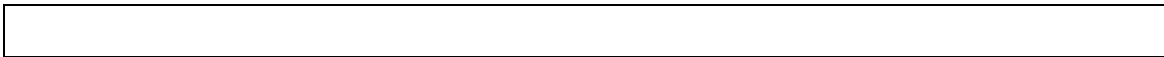
SET-ASIDE RECERTIFICATION APPLICATION



Department of Administrative Services
Business CONNections/Set-Aside
165 Capitol Ave., Room G-8A
Hartford, CT 06106
Telephone Number (860)713-5236
www.das.state.ct.us/busopp.asp



Please contact us at the number above if you need this application in an alternate format.



Complete this recertification application in its entirety and supply all requested supporting documentation. Failure to do so will result in a delay in processing.

Small Business Set-Aside Recertification Application

Indicate previous status (Check ONE) MBE SBE

1. Complete Name of Business _____
(including d/b/a)

FEIN _____

2. Street Address _____

(P.O. Box only will not be accepted)

Town _____ State _____ Zip Code _____ County _____

Mailing Address (if different) _____

Town _____ State _____ Zip Code _____ County _____

3. Local Telephone # _____ FAX# _____

(Toll free numbers only if number is in the State of CT)

E-Mail _____ Company Web-site _____

4. Contact Person _____

5. Brief description of products and services your company directly provides.

(Identify any change from previous description that appears on your certificate.

Description must not exceed 250 characters including spaces)

6. Nature of Business (**Check one**)

- () Manufacturer or Producer
- () Service Establishment
- () Retail Dealer- Type 1 (merchandise is not in stock; orders per request)
- () Retail Dealer- Type 2 (has stock on hand in a warehouse)
- () Wholesale Dealer- Type 1(merchandise is not in stock; orders per request)
- () Wholesale Dealer- Type 2 (has stock on hand in a warehouse)
- () Construction
- () Research and Development
- () Surplus Dealer

7. Has your company received a Set-Aside award during your previous fiscal year?

Yes ___ No ___

If so, list the specific contract, State Agency and dollar amount.

Contract Number	State Agency	Dollar Amount
_____	_____	_____
_____	_____	_____

8. Has your company changed ownership, officers or business structure in the previous year? Yes ___ No ___

If yes, please briefly explain and include all confirming documents.

9. Identify the Principal(s) and/or Officer(s) of the company:

<u>Name(s) of Present Principals/Titles</u>	<u>% of Ownership</u>
_____/_____	_____
_____/_____	_____
_____/_____	_____
_____/_____	_____

10. Number of employees: _____

11. Month of your fiscal year end: _____

12. Total gross receipts/sales for the most recent ending fiscal year: \$_____

13. Attachments

- a) Copy of your company's **ENTIRE - 2000** Federal Tax Return covering your fiscal year (March 1, 2000 through February 28, 2001) must accompany this application (for Sole Proprietorships, schedule C only). **If your return is not yet available, we will accept a statement on your accountant's letterhead stating your estimated gross receipts.**
- b) Copy of your current trade/occupational license(s) (if applicable).
For information on licenses contact the Department of Consumer Protection at 1-800-842-2649
- c) Copy of your most recent annual report from the Office of the Secretary of State (if applicable). – (Commonly referred to as the \$75.00 report)
For information pertaining to this document contact the Secretary of State at (860) 509-6003
- d) Copy of firm's Sales and Use Tax Permit.
For information on permits contact the Department of Revenue Services at 1-800-382-9463
- e) If applying for Minority Business Certification, please provide a notarized statement detailing the duties, responsibilities and percentage of time devoted to the business by the major owner. – Please be aware that women owned businesses are considered minority owned businesses for the purposes of the Set-Aside Program. If a company is owned by a woman who is ethnic minority, please indicated the race along with supporting documentation (any legal document that states the individual's race).

14. Does any owner have ownership in another business? Yes ___ No ___

If yes, provide a detailed description of the involvement including percentage of ownership.

Ownership is implied if an individual owns 20 percent or more of the applying company and the affiliated company. If so, the Federal Tax Return for the affiliated company must be submitted with this application. The total gross receipts for these companies can not exceed \$10,000,000.

NOTE: All pertinent sections of the application must be completed. Failure to submit data and provide all of the above information could delay the processing of this application.

It is the company's responsibility to return this application and pertinent information to our office within the 90 (ninety) day grace period of the certification expiration date.

"The undersigned swears the forgoing statements are true and correct and including all material information necessary to identify and explain the operations of (Name of Company) _____ as well as the ownership thereof. Further, the undersigned agrees to permit the audit and examination of books, records and files, to notify the Connecticut Department of Administrative Services of any significant change in the status of the business operation or management, and to permit on-site visits as may be required. It is understood that the Connecticut Department of Administrative Services shall rescind the certificate of eligibility through the use of false information or misrepresentation and that the Department shall report such action to the appropriate state attorney and to the Office of the Connecticut Attorney General."

A civil penalty not to exceed ten thousand dollars (\$10,000) may be imposed on the contractor or subcontractor found to be in violation.

Signature _____

Corporate Seal (where appropriate)

Title _____

Date _____

