

**BIRMINGHAM CONSTRUCTION
INDUSTRY AUTHORITY**

APPLICATION FOR RENEWAL FOR MBE/DBE CERTIFICATION

****Application Fee \$250.00****

Name of Business _____

Address _____

Email _____

Telephone _____ Fax _____ Cell/Pager _____

Owner of Business _____

Type of Business (List all products and/or services your firm offers)

If construction business specify principal trade: _____

If construction business indicate all secondary trades: _____

List gross incomes for the last three years:

20____ \$ _____
20____ \$ _____
20____ \$ _____

Identify your current city, county, and state business license(s):

(Please attach a copy of each business license)

Identify any agency by which you have been certified:

(Please attach a copy of each certification certificate)

Has business expanded the products and/or services previously offered or has ownership changed since certification was received?

() YES () NO

(If ownership has changed, the applicant will be required to submit to the BCIA an initial application for certification. Waiver of certification will not be granted in those instances.)

FOR BCIA OFFICE USE ONLY
Certification Renewal as

MBE OR DBE

APPROVED NOT APPROVED

BY: _____ DATE: _____

AFFIDAVIT

I/We the undersigned do solemnly declare and affirm under the penalties of perjury that the foregoing statements and documents are true and correct and include all material information necessary to identify and explain the operation of as well as the ownership thereof.

Name of Firm

Further, I/we the undersigned agree to provide directly to the Birmingham Construction Industry Authority current, complete and accurate information regarding actual work performed on any project, the payment there from and any proposed change, if any, and to permit the audit and examination of books, records and files of the named firm.

I/We understand that any material misrepresentation will be grounds for denial or revocation of certification, termination of any contract which may be awarded, and for initiation of action under Federal or State laws concerning false statements.

Signature _____

Name _____

Title _____

Date _____

Corporate Seal (where appropriate)

NOTARIZATION OF SIGNATURE:

State of _____ County of _____

On this _____ day of _____ 20_____

Before me appeared _____
who has proved to me based on satisfactory evidence that he/she was
properly authorized by _____ (Name of Firm)
to execute the affidavit and so as his/her act and deed.

Notary Public _____ Commission Expires _____