NYC Small Business Services | Division of Labor Services

Date _____ File Number _____

LESS THAN $750,000 SUBCONTRACT CERTIFICATE

Are you currently certified as one of the following? Please check yes or no:

M/WBE *Yes* ___ *No* ___ **MBE** *Yes* ___ *No* ___
WBE *Yes* ___ *No* ___ **LBE** *Yes* ___ *No* ___

If you are certified as an **M/WBE**, **MBE**, **WBE**, or **LBE**, what city/state agency are you certified with? _____

Please check one of the following if your firm would like information on how to certify with the City of New York as a:

___**Minority Owned Business Enterprise** ___**Locally based Business Enterprise**

___**Women Owned Business Enterprise**

_____/_____
Company Name *Employer Identification Number or Federal Tax I.D*

_____
Company Address and Zip Code

_____/_____
Contact Person (First Name, Last Name) *Telephone Number*

_____/_____
Fax Number *E-mail Address*

_____
Contracting Agency

Description and location of proposed subcontract:

_____

_____

_____ _____ _____ _____
Borough *Project Number* *Registration Number* *Contract Amount*

I, (print name of authorized official signing)_____ hereby certify that I am authorized by the above-named subcontractor to certify that said subcontractor's proposed contract with the above named owner or City agency is less than $750,000.

Willful or fraudulent falsifications of any data or information submitted herewith may result in the termination of the contract between the City and the bidder or contractor and in disapproval of future contracts for a period of up to five years. Further, such falsification may result in civil and/and or criminal prosecution.

_____
Signature of authorized official Date

FOR OFFICIAL USE ONLY: File No. _____

Revised 11/09