

## SECTION 3 BUSINESS CONCERN CERTIFICATION

### Eligibility for Preference

**Instructions:**

This form must be completed and signed by all contractors to certify whether they qualify for preference as a Section 3 Business Concern.

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Number of Employees:** \_\_\_\_\_ (full time) \_\_\_\_\_ (part time)

Does your firm represent and certify that it is a Section 3 business concern?

Yes       No

If yes, please check all that apply. The contractor represents and certifies that:

- The contractor's firm is 51 percent or more owned by Section 3 residents; or
- The contractor's permanent, full-time employees include persons, at least 30 percent of whom are currently Section 3 residents, or within three years of the date of their first employment with the business were Section 3 residents; or
- The contractor hereby commits to subcontract in excess of 25 percent of the dollar amount of all subcontracts to be awarded by the business under the proposed contract to Section 3 businesses that meet either of the above two criteria, as identified below and detailed further in the contractor's Section 3 Subcontracting Plan:

SUBCONTRACTOR NAME	SUBCONTRACT AMOUNT
_____	\$ _____ -
_____	\$ _____ -
_____	\$ _____ -
_____	\$ _____ -
_____	\$ _____ -

On behalf of the above-referenced Company, I certify, under the penalty of perjury, that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in this certification or other information provided may result in the termination of Company's contract and debarment, or prosecution.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF COMPANY REPRESENTATIVE