

Douglas County Housing Authority

WMBE / Section 3 Business Self-Certification

I, _____, the undersigned being duly sworn, on oath, represents, warrants, certifies, deposes and says, under penalty of law, as follows:

1. Company Name: _____
2. Company Address: _____ City _____ State _____ Zip _____
3. Business Telephone: _____ Cellular telephone: _____
Fax: _____ Email address: _____
4. Type of Business (examples: construction, electrician, catering, accounting, landscapes, etc.).

5. Contractor's License: _____ Class A _____ Class B _____ Class C
6. Certifications: _____ SWaM¹ _____ DBE _____ Other _____

Please select "Yes" or "No". If you answer "YES" to one or more of the following questions, you may designate your company as a Section 3 Business Enterprise.

1. 51% or more of the business is owned by a Section 3 resident; or
_____ YES _____ NO
2. 30% or more of the company's full-time employees are Section 3 residents, or were Section 3 residents within the past three years; or
_____ YES _____ NO
3. The company can provide evidence, as required, of a commitment to subcontract 25% or more of all subcontract dollars to a certified and qualified Section 3 business enterprises.
_____ YES _____ NO

OPTIONAL

A Minority-owned Business Enterprise is 51% or more minority group members own the company or 51% or more of voting stock owned is controlled by minority group member(s). Indicate your federal minority designation:

_____ African-American _____ Hispanic- American _____ Native-American
_____ Asian-Indian American Asian _____ Pacific American _____ Hasidic Jewish American

_____ Woman Owned **A Woman-owned Business Enterprise is a** company that is at least 51% owned by a woman or women who are United States citizens and control or operate the business.

I declare and affirm under penalty of prosecution for perjury that the statements made herein are true and accurate to the best of my knowledge. I understand that falsifying information and incomplete statements may be cause to disqualify this certification.

Signature of Business Owner or Authorized Representative

Date

Signature of Business Owner or Authorized Representative

Date

¹ SWaM = Small, Women- and minority-owned