

# UNIFORM CERTIFICATION AGENCY

## SBE RECERTIFICATION CHECKLIST



### THE FOLLOWING DOCUMENTS ARE REQUIRED FOR SBE RECERTIFICATION:

1.   X   Firm's signed tax returns for past two years (include all schedules)
2.   X   Personal Tax Returns for the past two years (include all schedules)
3.   X   Signed, completed and notarized UCA Annual Affidavit
4.   X   Submit proof of business location
5.   X   Submit proof of residence
6.   X   Site Visit conducted by UCA Specialist (Specialist will call to schedule)
7.   X   Personal Financial Statement
8.   X   \$125.00 Recertification Fee

**UNIFORM CERTIFICATION AGENCY™  
SMALL BUSINESS ENTERPRISE  
ANNUAL AFFIDAVIT**

**SECTION I.**

**GENERAL INFORMATION**

1. Name of Company: \_\_\_\_\_
2. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Telephone: ( ) \_\_\_\_\_ Fax No: ( ) \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Web-Site: \_\_\_\_\_
4. Contact Person & Title: \_\_\_\_\_
5. Type of Operation: ( ) Corporation ( ) Partnership ( ) Proprietorship
6. Employer Identification # or Social Security #: \_\_\_\_\_

**SECTION II.**

**BUSINESS AND OPERATIONAL INFORMATION**

7. Number of Employees: Total: \_\_\_\_\_ Total Minority: \_\_\_\_\_  
Part-time: \_\_\_\_\_ Minority Part-Time: \_\_\_\_\_
8. Gross Revenue: \$ \_\_\_\_\_ Year: \_\_\_\_\_  
**A copy of your current financial statement must be attached.**
9. List three (3) major customers:  
(1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_
10. Describe your product line, service or specialty trade:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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11. List all your current professional and/or business license(s):

<b>Individual/Firm Name</b>	<b>Type License and #</b>	<b>Exp. Date</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Service Areas:      Local ( )      State ( )      Regional ( )      National ( )

13. If distributor, list average dollar value of inventory: \$\_\_\_\_\_

14. If contractor, list bonding capacity: \$\_\_\_\_\_

**SECTION III.**

**OWNERSHIP INFORMATION**

15. Has there been any change in the ownership, operation or control of your company since you were last certified/recertified as a Small Business Enterprise (SBE)? In addition, have there been any changes in the owner(s) address (residential) and the address of the business? Yes ( ) No ( )

16. If yes, describe these changes and attach relevant documentation to support them, i.e., stock certificate copies (both sides), corporate resolutions, purchase agreements, copies of cancelled checks, etc.

17. List all owners, shareholders, directors, officers, or outside firms that hold an interest in the company, along with the address (residential) of the owner(s). Attach additional sheet if necessary.

<b>Name and Title</b>	<b>Shares/ Ownership%</b>	<b>Address (residential)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Business Address**

Street Address	City	State, Zip
_____	_____	_____



# PERSONAL FINANCIAL STATEMENT

As of \_\_\_\_\_, \_\_\_\_\_

Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Residence Address \_\_\_\_\_ Residence Phone \_\_\_\_\_

City, State, & Zip Code \_\_\_\_\_

Business Name of Applicant \_\_\_\_\_

ASSETS (Omit Cents)	LIABILITIES (Omit Cents)
Cash on hand & in Banks..... \$ _____	Accounts Payable..... \$ _____
Savings Accounts..... \$ _____	Notes Payable to Banks and Others..... \$ _____ <i>(Describe in Section 2)</i>
IRA or Other Retirement Account... \$ _____	Installment Account (Auto)..... \$ _____ Mo. Payments \$ _____
Accounts & Notes Receivable..... \$ _____	Installment Account (Other)..... \$ _____ Mo. Payments \$ _____
Life Insurance-Cash Surrender Value Only ..... \$ _____ <i>(Complete Section 8)</i>	Loan on Life Insurance..... \$ _____
Stocks and Bonds..... \$ _____ <i>(Describe in Section 3)</i>	Mortgages on Real Estate..... \$ _____ <i>(Describe in Section 4)</i>
Real Estate..... \$ _____ <i>(Describe in Section 4)</i>	Unpaid Taxes..... \$ _____ <i>(Describe in Section 6)</i>
Automobile-Present Value..... \$ _____	Other Liabilities..... \$ _____ <i>(Describe in Section 7)</i>
Personal Property..... \$ _____ <i>(Describe in Section 5)</i>	Total Liabilities \$ _____
Other Assets..... \$ _____ <i>(Describe in Section 5)</i>	Total Assets – Total Liabilities=
Total Assets \$ _____	Net Worth \$ _____

Section 1. Source of Income	Contingent Liabilities
Salary..... \$ _____	As Endorser or Co-Maker..... \$ _____
Net Investment Income..... \$ _____	Legal Claims & Judgments..... \$ _____
Real Estate Income..... \$ _____	Provision for Federal Income Tax..... \$ _____
Other Income..... \$ _____ <i>(Describe in section 1 below)</i>	Other Special Debt..... \$ _____

Description of Other Income in Section 1.

\_\_\_\_\_

\_\_\_\_\_

**\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.**

Section 2. Notes Payable to Banks and Other. **(Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)**

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

**Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)**

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

**Section 4. Real Estate Owned (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)**

	Primary Residence	Property B	Property C
<b>Type of Property</b>			
Address			
<b>Date Purchased</b>			
<b>Original Cost</b>			
<b>Present Market Value</b>			
<b>Name &amp; Address of Mortgage Holder</b>			
<b>Mortgage Account Number</b>			
<b>Mortgage Balance</b>			
<b>Amount of Payment per Month/Year</b>			
<b>Status of Mortgage</b>			

**Section 5. Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)**

**Section 6. Unpaid Taxes (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)**

**Section 7. Other Liabilities (Describe in detail.)**

**Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries.)**

I authorize the Tennessee Uniform Certification Program to make inquiries as necessary to verify the accuracy of the statements made and to determine my eligibility. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of determining Disadvantaged Business Enterprise eligibility. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001)

Signature: \_\_\_\_\_ Date: Social Security Number \_\_\_\_\_

Signature: \_\_\_\_\_ Date: Social Security Number \_\_\_\_\_

**NOTARY**  
 Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_  
 Signed \_\_\_\_\_, Notary Public in and for the  
 County of \_\_\_\_\_, State \_\_\_\_\_  
 My Commission Expires \_\_\_\_\_

