

UNIFORM CERTIFICATION AGENCY

LSB RECERTIFICATION CHECKLIST



THE FOLLOWING DOCUMENTS ARE REQUIRED FOR LSB RECERTIFICATION:

1. Prior three (3) years U.S. Income Tax Return (your company's most recent signed tax return)
2. Most current financial statement (within the last twelve months) prepared by an independent CPA or account
3. Signed, completed and notarized UCA Annual Affidavit
4. Submit proof of business location
5. Submit proof of residence
6. Site Visit conducted by UCA Specialist (Specialist will call to schedule)
7. Other: \$125.00 Recertification Fee

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LOCAL SMALL BUSINESS
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):

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

12. Service Areas: Local () State () Region () 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 Local Small Business (LSB)? In addition, have there been any changes in the owner(s) address (residential) and the address of the business? Yes () No ()

16. If yes, these 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.

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

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Business Address

Street Address

City

State, Zip

SECTION IV.

AFFIDAVIT

I have completed the application for recertification with the Uniform Certification Agency (UCA) and hereby certify that the information contained herein is true and accurate to the best of my knowledge and belief. I understand that completion of this form (together with any and all attachments thereto) will not be the sole criteria for determining continued eligibility for certification as a Local Small Business (LSB). I also understand that once accepted, certification with the UCA can be terminated in accordance with the rules and regulations of the Uniform Certification Agency and Memphis Light, Gas & Water, Supplier Diversity Policy. Termination may be based upon, but not necessarily limited to the following:

1. Cessation of business operation as a Local Small Business (LSB) concern.
2. A finding by representatives of the UCA that false information was knowingly supplied in preparing the application.
3. Withholding notice from or failure to provide timely notice to the UCA of the transfer or loss of ownership, operation and/or control of the business by the local small business owner(s).
4. Failure or refusal to allow UCA representatives access to and the right to inspect the applicant company's place of business.
5. The sale, exchange, or transfer of ownership of the local small business concern, if such transaction results in a loss of control or ownership of the business concern by local small business owner(s).

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I further state that the company in whose named affiliate membership is required continues to be owned, controlled and operated by local small business owner(s).

By: _____
President/Partner

Date: _____

Partner

Secretary

Note: In the case of partnership, all partners are required to sign.

(SEAL)

Signature of Applicant

Date

Printed Name

This _____ Day of _____, 20_____

Notary Public

My Commission Expires _____

---Application Must Be Notarized---
