



# Section 3 Business Self-Certification

## General Information:

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: \_\_\_\_\_ SWaM \_\_\_\_\_ 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

**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

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

\_\_\_\_\_ Woman Owned

**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

**Notary Public Jurist: City/County of \_\_\_\_\_ in the Commonwealth of Virginia**

The foregoing instrument was subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_by:

\_\_\_\_\_  
Notary (Please Print Name) Notary Signature

This commission expires: \_\_\_\_\_ Notary Registration Number: \_\_\_\_\_