

Recertification Application

INSTRUCTIONS AND PROCESS

This application affords consideration for recertification as a Small Business Enterprise (SBE) with the Palm Beach County's Office of Small Business Development (OSBD).

Important Points to Remember

- A. Your application must be typewritten or legibly printed in ink. The application must be submitted with all documents. **Please be advised that additional documentation may be required during the process of review.** Applications are available in PDF fillable format and can be submitted online or in-person at the OSBD office, the address is indicated on the application. Contact the OSBD for more information. **To protect your privacy, please redact any sensitive information from your documents before submitting them for SBE Certification. Use redaction tools in your document editor or cover sensitive details with a solid color. Ensure accuracy and save the redacted version separately.**
- B. ***If you do not want your financial information made public, you must inform OSBD of this in writing and schedule an appointment with your assigned Specialist to have all (applicant and affiliate/subsidiaries when applicable) tax returns reviewed and returned.***
- C. ***Please select the applicable box marked Y/N on page one (1) of this application to advise the OSBD of any changes made since your last certification. If changes were made or changes are requested, please complete page two (2) of the application.***
- D. Any changes (i.e. Firm name, address, ownership, business services, etc.) made since your last SBE certification must be updated on the Palm Beach County Purchasing Department Vendor Self- Service System (VSS) to be consistent with the information contained on the recertification application.
- E. A list of all required documents is included on the application.
- F. If approved, recertification will occur every three years. Site visits may be conducted prior to or during the term of the three year certification.
- G. The application review process takes up to ninety (90) business days after receipt of the complete application. Failure to submit all information requested will delay the processing.
- H. Upon completion of the review, a certificate of approval or letter of denial will be issued. If approved, your firm will be included in the Directory of Certified Vendors. If denied recertification by the OSBD, you may reapply one year from the date of denial.
- I. **DOCUMENTS NOT IN ENGLISH MUST BE ACCOMPANIED BY A CERTIFIED TRANSLATION.**
- J. All documents submitted to the Office of Small Business Development are be deemed to be public record, pursuant to Florida Statute Chapter 119.
- K. **PLEASE CLEARLY LABEL ALL BACK-UP DOCUMENTATION.**
- L. **YOU WILL BE NOTIFIED IN WRITING AS TO THE APPROVAL AND/OR DENIAL.**
- M. **If you need assistance in reapplying for SBE recertification, please contact the OSBD at 561-616-6840.**



RECERTIFICATION APPLICATION

Company Name _____ PBC Vendor ID No. _____

Current Certification Status: Small Business Enterprise (SBE)

Business Owner(s) _____

(Select all boxes that apply) – If yes, complete page three (3) of this recertification application.

- Y / N
- Changes made to the information reported on the businesses most recent certification application on file with OSBD.
 - Changes in ownership of the business.
 - Changes in operational and/or managerial control of the business, including the board of directors and/or its officers that may affect the certification status of the business.
 - Change to the address of the business.
 - Change to the legal structure of the business.
 - Changes in services provided. This includes additions and deletions.

CERTIFICATION RENEWAL REQUIRED DOCUMENTS CHECKLIST

A written explanation on company letterhead is required for all documents that are not submitted but are applicable to your business. The OSBD reserves the right to request additional information and conduct on-site visits during the recertification process. Please note that all documents submitted will become public record. **To protect your privacy, please redact ("black out text") any sensitive information from your documents before submitting them for SBE Certification. Use redaction tools in your document editor or cover sensitive details with a dark solid color. Ensure accuracy and save the redacted version separately.** A cursory review of your application is available upon request. **If you do not wish to have your taxes as a part of the public record, you may request to have them reviewed by an OSBD Small Business Specialist.** You may contact the office at 561.616.6840 to schedule an appointment.

- Federal Tax returns (and requests for extensions) filed by the firm with related schedules, for the past three years.
- Sole Proprietor Only: Most recent three years personal federal tax returns that include a Schedule C and requests for extensions.
- Federal tax returns (and requests for extensions) for subsidiaries and/or affiliates, including all schedules, if applicable.
- Current Palm Beach County Business Tax Receipt and Municipal Business Tax Receipt, when applicable.
- Copy/Copies of professional license(s) or Certificate of Competency or permit(s).
- Copy of current lease agreement or property tax bill.
- Current list of employee(s) with date of employment/hire and position/title for both full & part-time.
- Current Reemployment tax form RT-6 or form 941.
- Copies of 1099 for independent contracted employees.
- Largest contract to date, to include the date of the project, the owner of the contract and service rendered.
- Provide copies of your insurance and/or bonding to include agent/company and capacity/coverage amount.
- List of any new equipment not listed in original certification.

INSTRUCTIONS: Please complete and check the information below to identify the changes made to your business. Failure to identify any changes in your business may result in denial of your request. The form must be signed by an owner, officer or authorized agent of the applicant company and properly notarized. Additional documents may be requested.

CHANGE BUSINESS NAME AND/OR ADDRESS:

Name of business currently on file with OSBD: _____

Check if change in business name (with fictitious name if applicable)

New Business Name: _____

Check if new address

New Business Address: _____

City: _____ State: _____ Zip Code: _____

ADD SERVICE CODES:

NIGP Codes: _____

CHANGE BUSINESS CATEGORY:

Construction CCNA Professional Goods

Other Services Professional (Non-CCNA)

Note: Supporting invoices, contracts, and/or proposals should accompany newly added service codes.

DELETE SERVICE CODES:

NIGP Codes _____

CHANGE OF BUSINESS STRUCTURE:

Sole Proprietor Corporation Partnership

Limited Liability Company (LLC)

Change of Federal I.D. No. _____

CHANGE OF QUALIFIER(S):

Name	License No.	Check Action	
		Add	Remove

CHANGE(S) OF OWNERSHIP & OFFICERS:

Name	Title	Check Type of Action		Indicate % of Ownership	
		Add	Remove	Previous	New

