

MODIFICATION REQUEST FORM

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.

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 versions separately.

NOTE: The OEBO staff has up to 90 business days to complete this modification request. If Modification is for an upcoming bid, you may request an expedited process, for a fee of \$300.00. Please contact your Small Business Development Specialist if you have additional questions.

Palm Beach County Vendor ID No.: _____

Name of business currently on file with OEBO: _____

☐ 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 CERTIFICATION DESIGNATION: ☐ SBE

CHANGE OF QUALIFIER(S):

Name	License No.	Check Action	
		Add	Remove

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CHANGE(S) OF OWNERSHIP & OFFICERS:

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

Please submit documentation to support all changes (i.e. partnership agreements, corporate meeting minutes, stock certificates, stock ledger, etc.)

I UNDERSTAND THAT THE OFFICE OF EQUAL BUSINESS OPPORTUNITY OF PALM BEACH COUNTY, RESERVES THE RIGHT TO CONDUCT INVESTIGATIONS AND REQUEST ADDITIONAL INFORMATION NECESSARY TO VERIFY THE STATEMENTS AND INFORMATION PROVIDED. A SITE VISIT MAY BE CONDUCTED AT MY BUSINESS LOCATION. FAILURE TO PRODUCE THE REQUIRED DOCUMENTS SHALL RESULT IN NON-APPROVAL OF MY SMALL BUSINESS CERTIFICATION APPLICATION, OR THE IMMEDIATE DECERTIFICATION OF MY BUSINESS. THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR, SUB-CONTRACTOR, VENDOR OR SUB-VENDOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 837.012, THE FLORIDA STATUTES.

Signature

Name and Title (type or print)

Date

State of Florida

County of

The foregoing instrument was acknowledged before me by means of ☐ **physical presence** or ☐ **online notarization**, this _____ day of _____, _____ (year), by _____ (name of person acknowledging).

Signature of Notary Public