

Hampton Roads Housing Authorities

Section 3 Business Self-Certification

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

OPTIONAL

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

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

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

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: _____

