

## SMALL BUSINESS ENTERPRISE CERTIFICATION/RECERTIFICATION APPLICATION

South Florida Water Management District  
Procurement Bureau - SBE Office  
3301 Gun Club Road, West Palm Beach, FL 33406  
(561) 682-6446 | (800) 432-2045 | [www.sfwmd.gov/procurement](http://www.sfwmd.gov/procurement)  
Applications can be submitted to the address above or  
by Email to [sbep@sfwmd.gov](mailto:sbep@sfwmd.gov) or by fax to (561) 234-4159

FOR INTERNAL USE ONLY	
Vendor No.:	Date Received:
Reviewer:	Date Reviewed:
Date Certified:	Date Denied:
Basis for Denial:	Info Received:

### REQUIRED SUPPORTING DOCUMENTS FOR ALL APPLICANTS See SBE Rule 40E-7.673 F.A.C. for Complete Criteria:

Your Certification/Recertification Application cannot be processed without the required supporting documents. Based upon information provided, it may be necessary for your company to submit additional supporting documents to determine your certification eligibility. You will be notified if this becomes necessary.

**1. Last three (3) Federal Income Tax Returns of Applicant and all affiliates**

If the Applicant has not filed three (3) consecutive Federal Income Tax Returns for the three (3) years preceding this application, refer to SBE Rule Section 40E-7.673 (2) (a) F.A.C.

**2. Current State of Florida Business License, Professional License or Certification(s) (if applicable)**

**3. SBE Certification from another Florida governmental agency (if applicable for Reciprocity)**

**4. Florida Department of State Division of Corporation Filing(s) for Applicant and Fictitious Name(s) ([www.sunbiz.org](http://www.sunbiz.org))**

You must be Registered as a District Vendor prior to applying for SBE certification.

GENERAL BUSINESS INFORMATION		
Name (as shown on your income tax return)	Federal Employer Identification No. (FEIN)	
Business/DBA Name (if different from above)	Date Business was Established	
Physical Address (Number & Street)		
City	State	Zip Code
Mailing Address (if different than above)		
Phone No.	Fax No.	
Email	Web Address	

BUSINESS CLASSIFICATION
Please Select the area of work that your business is seeking eligibility by checking those that apply: <input type="radio"/> Construction <input type="radio"/> Services <input type="radio"/> Commodities
Please describe the type of Commodities and/or Service your business provides:

AFFILIATES				
<b>Does your company have affiliates as defined in 40E-7.669(1), F.A.C.?</b>				
If "Yes", please list the Affiliate and describe the business relationship below. If multiple Affiliates exist, please enter "Multiple" below and attach a separate page with Affiliate information.				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name of Affiliate</td> <td style="width: 50%;">Address</td> </tr> <tr> <td>City/State/Zip Code</td> <td>Telephone No.</td> </tr> </table>	Name of Affiliate	Address	City/State/Zip Code	Telephone No.
Name of Affiliate	Address			
City/State/Zip Code	Telephone No.			
Describe Business Relationship				
Specify the average three (3) year gross receipts of the affiliate company as shown in affiliate's three (3) latest Federal Tax Returns. If the Applicant has not filed three (3) federal income tax returns for the three (3) years immediately preceding their application, then the Applicant must submit a financial statement, for any of the three (3) years immediately preceding the application in which the Applicant did not file a federal income tax return. \$ _____				

AUTHORIZED REPRESENTATIVE	
Signature	Name (type or print)
Title	Date

Under [Florida Law](#) e-mail addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, [contact this office](#) by phone or in writing.