Small Business Enterprise Certification Application
Your Certification Application cannot be processed without the required support 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 any affiliates

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

2. Current State of Florida Business License

You must be Registered as a Vendor with the District before applying for certification.

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**GENERAL BUSINESS INFORMATION**

1. Firm Name

D/B/A Firm Name (if applicable)

Street Address

P.O. Box

City

State Zip Code

Mailing Address (if different than above)

Telephone No.

Fax No.

E-Mail Address

Website Address

Business Contact Title Telephone No.

2. Specify the average three (3) year gross receipts of the company as shown in your three (3) latest Federal Income 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(s).

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3. Business Classification

3a. Please describe the types of services you provide.
4. Date business was established:

5. Has your company, or any of its principals as participants in another company, ever been...

   SBE Denied Certification?[ ] Yes [ ] No
   SBE Decertified?[ ] Yes [ ] No

   NOTE: If the answer to any of the above questions are "Yes", please provide a copy of the denials or decertifications.

6. Is your company currently affiliated with another company as defined in 40E-7.669(1), F.A.C. F.A.C.? [ ] Yes [ ] No

   If Yes, please list below and describe the business relationship:

<table>
<thead>
<tr>
<th>Name of Affiliate</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>City/State/Zip Code</td>
<td>Telephone No.</td>
</tr>
</tbody>
</table>

   Describe Business Relationship

   Name of Affiliate
   Telephone No.

   7. 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(s).

   $ __________

ACKNOWLEDGEMENT

The undersigned does hereby acknowledge that the statements contained in this application and all attachments which have been
provided in support of this application (hereafter referred to as THIS APPLICATION) are true, accurate and complete.

Further, the undersigned agrees to provide the South Florida Water Management District (hereinafter referred to as the DISTRICT) with
current, complete, and accurate information regarding THIS APPLICATION. The undersigned further agrees that, as part of this
application procedure, the DISTRICT may freely contact any person or organization names in this application to verify statements made
in THIS APPLICATION and/or to secure additional information or data. The undersigned understands and agrees that failure to submit
requested materials and/or consent to interview(s), audit(s), and/or examination(s) will be grounds for immediate rejection of THIS
APPLICATION.

In addition, all information and documents submitted with THIS APPLICATION become public records unless exempt under Chapter
119, F.S.

Furthermore, the undersigned acknowledges that (he/she) may not fraudulently obtain, retain, attempt to obtain or aid another in
fraudulently obtaining or retaining or attempting to obtain certification; willfully make false statements; or willfully obstruct, impede or
attempt to obstruct or impede any official or employee who is investigating the qualifications of a business entity.

The undersigned further acknowledges that the DISTRICT retains the right to reevaluate the contents of THIS APPLICATION at any time
and notify the undersigned of any changes to its SBE certification status.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Name (type or print)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Date</td>
</tr>
</tbody>
</table>

It is further recognized that whoever makes such false statements or material misrepresentations may be found guilty of a
misdemeanor or felony under Chapter 837, F.S.