Small Business Services

Division of Labor Services

LESS THAN 50 EMPLOYEES CERTIFICATE

(Supply and Services Only)

Your contractual relationship in this contract is: Prime contractor_____ Subcontractor_____

Please indicate if your firm would like information on how to certify with the City of New York as a:

___Minority Owned Business Enterprise
___Women Owned Business Enterprise
___Locally based Business Enterprise
___Emerging Business Enterprise

_____
Company Name | Employer Identification Number or Federal Tax I.D

_____
Company Address and Zip Code

_____
Chief Operating Officer | Telephone Number

_____
Prime Contractor (if Subcontractor) | Contact Person | Contracting Agency

Description of proposed contract:_____
_____
_____

_____ | _____
Procurement Identification Number (PIN) | Contract Registration Number (CT#)

_____ | _____
Contract Amount | Term of Contract

I, (print name of authorized official signing)_____ hereby certify that I am authorized by the above-named contractor to certify that said contractor currently employs _____ people. This affirmation is made in accordance with NYC Charter Chapter 56, Executive Order No. 50 (1980) and the implementing Rules.

Willful or fraudulent falsifications of any data or information submitted herewith may result in the termination of the contract between the City and the bidder or contractor and in disapproval of future contracts for a period of up to five years. Further, such falsification may result in civil and/and or criminal prosecution.

_____
Signature of authorized official | Title | Date

Only original signatures accepted.

Sworn to before me this _____ day of _____ 20 _____

_____
Notary Public | Authorized Signature | Date

Revised 2/08

FOR OFFICIAL USE ONLY: File No._____

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