The City of New York
Department of Small Business Services
Division of Labor Services
Contract Compliance Unit
110 William Street
New York, New York 10038
Phone: (212) 513 – 6323
Fax: (212) 618-8879

LESS THAN 50 EMPLOYEES WAIVER

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 ___Locally based Business Enterprise
___Women Owned 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 subcontractor 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 _____ 200 _____

_____
Notary Public Authorized Signature Date

Revised 2/08
FOR OFFICIAL USE ONLY: File No._____