



CITY OF HOUSTON
OFFICE
of
BUSINESS OPPORTUNITY

MWSBE/PDBE 3 Year Update Form and Affidavit
Required for Minority, Women, Small/Persons with Disabilities
Business Enterprises

Please Note: If you fail to provide this form and affidavit with supporting documentation in a timely manner, you could be deemed to have failed to cooperate with the required 3 year update process to maintain certification eligibility.

1. Name of Firm: _____

2. Owner Full Name: _____

3. Federal Tax I.D. #: _____

4. Business Address: _____
Street Number City State Zip Code

5. Mailing Address: _____
Street Number City State Zip Code

6. Business Phone #: _____

7. Business Fax #: _____

8. Email: _____

9. Website: _____

Check: Sole Proprietor Corporation Limited Liability Company (LLC)
 Limited Liability Partnership (LLP) General or Ltd Partnership

10. Please indicate any changes in your firm within the past three (3) years. If any changes, you must submit all documentation to support such change.

- Changes in ownership or control
- Changes in Directors/Officers in the company
- Changes in business structure
- No changes

Please explain and provide documentation reflecting the change:

11. Owners: (Attach an additional sheet if more space is needed)

Name	% Owned	Date Ownership Acquired	Ethnicity	Gender

12. Officers: (Attach an additional sheet if more space is needed)

Name	Title	Ethnicity	Gender	Date Appointed

13. Board of Directors: (Attach an additional sheet if more space is needed)

Name	Title	Ethnicity	Gender	Date Appointed

14. List the number of employees employed during the previous three (3) years

Employee Workplace Demographics by year	<u>Full Time</u>	<u>Part Time</u>	<u>Contract</u>
20__			
20__			
20__			

15. Firm's Exact Gross Receipts for the past three (3) years: (Include these returns with your Update Form)

Year Ending	Exact Gross Receipts
20__	\$
20__	\$
20__	\$

16. Current Affiliate Firms: List all other firms that any owner holds ownership in or shares resources with: (Include these returns with your Update Form)

Affiliate Firm name	# of employees	Gross receipts 3 yr. average	Title with Affiliate firm	Percentage of ownership
		\$		
		\$		
		\$		

17. Current professional license: (Include license with your Update Form)

Type	Name of Holder	License Number	Expiration

Bonding Information (If you have bonding capacity, identify):

1. Binder Number: _____
2. Name of agent/broker: _____
3. Phone Number: _____
4. Address of agent/broker: _____
City State Zip
5. Bonding limit: Aggregate limit: _____ Project Limit: _____

State Certification (HUB) Requirements

1. If you are interested in becoming a HUB or continuing in the HUB certification program, please check the appropriate response, thus authorizing the release of information by our office.

- Yes
- No

2. Check the appropriate: U.S. Citizen (Born or Naturalized) _____ Resident Alien _____

3. Location of company headquarters (City & State) _____

4. Is the applicant a veteran?

- Yes If yes, list the conflict served _____
- No

Include the following for HUB certification

- Texas driver's license or Texas state ID
- Birth certificate or U.S. Passport, or Naturalization documents
- State of Texas' County property (Homestead), Tax statement for each minority and woman owner with 5% or more ownership
- Copy of IRS Employer Identification Number (EIN) Form SS-4

Documentation to be included with this Update Form:

- Previous three (3) years business returns for this firm **and** all affiliate firms.
Examples: Corporation-Form 1120, LLC or Partnership-Form 1065, Sole proprietorship-(entire) Form 1040 Schedule C
- All licenses, license renewal forms, and registrations
- Signed affidavit (attached)

AFFIDAVIT

I hereby declare and affirm that I am the owner of _____ whose address is _____
(Name of Firm)
_____. There has been no material
(Street, City, State and Zip Code)

changes in the information provided with _____ Update Form for certification,
except
(Name of Affiant/Owner)

for any changes about which you have provided written notice to the City of Houston under 26.83 (I).

_____ meets Small Business Administration (SBA) criteria for being a small
(Name of Firm)
business concern and its average annual gross receipts (as defined by SBA rules) over the firm's previous three
fiscal years do not exceed the size standard for my classification.

We require that you submit with this affidavit documentation of the firm's size and gross receipts in the form
of the previous three (3) year's Business Income Tax Returns.

I do solemnly declare and affirm under the penalty of perjury that the contents of the foregoing document are
true and correct, and that I am the owner of the above company.

(Date) _____ (Affiant/Owner)
State of County of _____ City of _____

On this _____ day of _____, 20____, before me, _____, the
undersigned officer, personally appeared _____, known to me to be
the person described in the foregoing Affidavit and stated on his/her oath that he/she is over 18 years of age,
of sound mind, capable of making this Affidavit, and has personal knowledge to facts states in it and that
he/she executed the same in the capacity therein states and for the purpose therein contained.

I witness thereof, I hereunto set my hand and official seal.

(Notary Public) (Seal)

My commission expires: _____

*****Please return this original form, retaining a copy for your records.*****