

UNIVERSAL RECERTIFICATION AFFIDAVIT

INSTRUCTIONS TO APPLICANTS:

This form must be completed in full. If a question does not apply write "N/A." This form must have an original signature from an officer or owner of the firm and it must be notarized.

NAME OF FIRM: _____

ADDRESS: _____ City _____ State _____ Zip _____

WAREHOUSE/STORAGE ADDRESS: _____ City _____ State _____ Zip _____

PHONE NO: () _____ FAX NO: () _____

PRESIDENT: _____ VENDOR NUMBER: _____

ETHNICITY and and GENDER	TYPE OF FIRM: (CHECK ONE)	STATUS APPLIED FOR
<input type="checkbox"/> Black	<input type="checkbox"/> Partnership	<input type="checkbox"/> MBE
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> FBE
<input type="checkbox"/> Asian American	<input type="checkbox"/> Corporation	<input type="checkbox"/> PBE
<input type="checkbox"/> Native American Indian	<input type="checkbox"/> Limited Partnership	
<input type="checkbox"/> Female	<input type="checkbox"/> Limited Liability Corp.	

- Amount of annual gross sales, for the last fiscal year: (including all affiliates and subsidiaries)
2005 \$ _____
Year Ending Amount
- Identify any loans made to the firm since your last certification, indicating the loan source and the amount \$ _____.
- Current number of employees of the firm, (including all affiliates and subsidiaries). Full time _____ Part time _____
- Since your last certification, have any of the following changed? If yes for any of the following, submit a list and/or copy of resolutions detailing all changes, including their ethnicity and gender.
Owners/Partners: Yes No **Officers:** Yes No **Directors:** Yes No
Control/Management: Yes No
- Are you currently licensed to do business in Illinois? Yes No.
- If your firm is a supplier or distributor, indicate the average monthly dollar value of inventory on hand for the past year: \$ _____
- Specify the current principal business activities.

NOTE: For any additional specialty areas you wish to apply for submit the necessary documentation, e.g. licenses, resumes, previous contracts, etc. indicating ability to perform a commercial useful function in such additional area(s).

8. Submission of the following documents as appropriate is required for recertification.

CHECK THE APPROPRIATE BOX FOR EACH OF THE FOLLOWING:	Yes	No
A. Signed copy(s) of all current lease(s)/most recent tax bill from all locations from which the firm conducts its business. Include documentation for warehouse and storage areas.		
B. Current applicable license(s) and/or permit(s).		
C. All DBE, MBE, WBE and PBE certifications & denials since last certification.		
D. All titles of automotive equipment (all vehicles used or leased for business purposes).		
E. Submit inventory of equipment.		
F. Copy of firm's Bank Resolutions and Bank Signature Card.		
G. Copy of a recent available Payroll Register with copies of cancelled payroll checks (both sides) for the same pay period or Management Service Agreement(s) if applicable.		
H. Copy of the firm's most recent Financial Statements, including a Balance Sheet and their notes.		
I. Copy of your Federal & State Corporate Income Tax return or U.S. Individual Federal & State Income tax return including all schedules for last year.		
J. Copy of last year's W 2 Forms (or 1099 Misc. Income Forms) for all owners, officers and managers.		
K. Copy(s) of each loan agreement for the business.		
L. Submit those pages showing the dollar amount(s) and two-party signatures of the firm's three largest contracts in the last twelve months. (Substitute three largest purchase orders when applicable.)		
M. Copy of proof of bonding capacity, or a copy of the firm's last bonding agreement		
N. Copy of Articles of Incorporation ,partnership agreement and By-Laws		
O. Copy(s) of all issued and cancelled Stock Certificates (Front & Back) and Stock Ledger.		
P. Minutes of all Shareholders Meetings since your last certification		
Q. Minutes of all Board of Directors Meetings since your last certification		

APPLICANT UNDERSTANDS THAT INFORMATION PROVIDED HEREIN MAY BE AUDITED BY THE STATE OR VERIFIED BY OTHER MEANS.

SIGNATURE

NAME

TITLE

DATE

CORPORATE SEAL WHERE APPROPRIATE

SUBSCRIBE AND SWORN TO BEFORE ME THIS

DAY OF _____, 200

_____ COMMISSION EXPIRES

NOTARY PUBLIC