



COMMONWEALTH OF VIRGINIA
Department of Small Business and Supplier Diversity

SWaM Certification Program

Request for Additional Certified SWaM Type

Company Name:

Contact Name:

Address:

City / State/ Zip:

Phone:

Email Address:

SWaM Certification / Record Tracking number:

Type of SWaM Type Currently Certified:

Small, Women Owned, Minority Owned

Additional SWaM Type Requested:

Small, Women Owned, Minority Owned

Justification for Request:

The undersigned understands that any material misrepresentation as stipulated above will be grounds for denial or revocation of certification and initiation of action under State laws (Code of Virginia § 18.2-213.1) concerning falsely sworn statements.

Code of Virginia § 18.2-213.1:

A person shall be guilty of a Class 1 misdemeanor if, in the course of business, he willfully makes a false statement knowing it to be untrue, whether by affidavit, report or other representation, to an official or employee of a public body for the purpose of influencing the certification or denial of certification of any business entity as a small, women-owned, or minority-owned business, or disadvantaged business;

Business Owner's Name:

Business Owner's Title:

Business Owner's Signature: _____ **Date:**

Please send the completed form and supporting documents to SBSB:

Mailing address: Department of Small Business and Supplier Diversity
101 N. 14th Street, 11th Floor
Richmond, Virginia 23219

Fax number: (804) 786-9736

Email address: sbsd@sbsd.virginia.gov

Example of Supporting Documents: IRS EIN assignment letter, Federal Tax Return, Articles of Incorporation Amendments, Articles of Organization Amendments, Bylaw Amendments, Operating Agreement Amendments, Corporate Shareholder Meeting Minutes, Corporate Board Meeting Minutes, etc.