

EXPANSION OF SERVICES

1. Only complete this section if your firm is requesting certification for **additional** NAICS Codes.
2. Please list no more than 10 NAICS Codes under which your firm works (This will included the Codes for which you are currently certified): (see <http://www.census.gov/naics/2007/NAICOD07.HTM>)
3. You will be required to submit documentation demonstrating your firm's ability to perform the requested services, as well as your ability to control the firm with regards to these services. **(Out of State firms will require home state certification for all requested codes.)**

NAICS Code	Work Description

2. Complete for all Officers, Directors, Managers, and Key Personnel who control the following functions for the firm *Cwcej 'ugrctcvg'uj ggu'cu'pggf gf -0

A= Always S = Seldom F = Frequently N = Never	Qhhegt IF kgevqt IO cpci gt lMg{ "Rgtuqppgn P co g<aaaaaaaaaaaaaaaaaaaaaaaa Vkrq<aaaaaaaaaaaaaaaaaaaaaaaa Tceg'cpf 'I gpf gt-aaaaaaaaaaaa Rgtegpv'Qy pgf <aaaaaaaaaaaaaaaa				Qhhegt IF kgevqt IO cpci gt lMg{ "Rgtuqppgn P co g<aaaaaaaaaaaaaaaaaaaaaaaa Vkrq<aaaaaaaaaaaaaaaaaaaaaaaa Tceg'cpf 'I gpf gt-aaaaaaaaaaaa Rgtegpv'Qy pgf <aaaaaaaaaaaaaaaa			
	C	H	U	P	C	H	U	P
Ugw'r qrkf { "hqt eqo r cp{ f kgevqplueqr g" qhl'qr gtcvkqpu	C	H	U	P	C	H	U	P
Dkf f lpi "cpf "guko cvkpi "	C	H	U	P	C	H	U	P
O clqt 'r wtej cukpi 'f gekukqpu	C	H	U	P	C	H	U	P
O ctngvkpi "cpf "ucrgu"	C	H	U	P	C	H	U	P
Uwr gtxkugu'hgrf qr gtcvkqpu	C	H	U	P	C	H	U	P
Cwgpf "dkf "qr gpkpi "cpf "rgvkpi u	C	H	U	P	C	H	U	P
Rgthqto "qhheg"o cpci go gpv'dkmpkpi ." ceeqwpu'tgegkxcdnglr c {cdng. "gve0"	C	H	U	P	C	H	U	P
J kgu'cpf "hkgu"o cpci go gpv'uchh"	C	H	U	P	C	H	U	P
J kg'cpf "hkg'hgrf "uchh"qt "etgy	C	H	U	P	C	H	U	P
F guki pcvu'r tqhku'ur gpf lpi "qt "kpxguvo gpv	C	H	U	P	C	H	U	P
Qdrki cvgu'dwukpguu'd { "eqpvtcevlet gf kv	C	H	U	P	C	H	U	P
Rwtej cug"gs wkr o gpv	C	H	U	P	C	H	U	P
Uki pu'dwukpguu'ej gemu	C	H	U	P	C	H	U	P

F q'cp{ "qh'y g'r gtuqpu'hkvgf "kp"D3"qt "D4 r gthqto "c"o cpci go gpv'qt "uwr gtxkuqt { "hwpevkq"p"qt"cp{ "qyj gt "dwukpguu"Kl" gu."
kf gpvkh{ "y g'r gtuqpu. "yj g"dwukpguu. "cpf "yj gk "vkrq hwpevkq<aa
aa"

F q'cp{ "qh'y g'r gtuqpu'hkvgf "cdqyg"qy p"qt"y qtmhqt"cp{ "qyj gt "hko *u"y cvj cu"o "tgrcvkqpuj kr "y kj "y ku'hko A*go 0
qy pgtuj kr "kpygt gw: "uj ct gf "qhheg"ur ceg. "hpcpeknlkpxguvo gpvu. "gs wkr o gpv: "rgcugu "r gtuqppgn'uj ct lpi. "gve0" Kl" gu. "f guet kdg"yj g"pcwt g"qh"
yj g"dwukpguu'tgrcvkqpuj kr <aa
aa

AFFIDAVIT OF CONTINUED ELIGIBILITY

I, _____ (printed name), in the City/County of _____ being duly sworn
deposes and says that he/she is _____ (title) of _____
(print name of organization) and hereby declares under penalty

of perjury that the information in this affidavit is true and correct statement as of the date hereby given. The undersign attests that this firm continues to be owned and controlled by disadvantaged individuals and that the personal net worth of all the owners whose ownership is relied upon for Disadvantaged Business Enterprise (DBE) status does not exceed \$1,320,000 and that the firm continues to be a small business as defined by the Small Business Administration (SBA) in its governing regulation, 13 CFR 121 located at: http://www.sba.gov/idc/groups/public/documents/sba_homepage/sba_010224.pdf

I further attest that I have not been denied bidding privileges or DBE certified under any other federal programs. I acknowledge that the Virginia Department of Small Business and Supplier Diversity (VDSBSD) hereby reserves the right to make inquiries in order to verify any information relating to the firm's application and status as an eligible DBE.

I agree that VDSBSD will be notified in writing within 30 days of any changes in ownership and/or control, personal net worth and/or size standard that would impact the firm's eligibility to remain in the program.

Notary Certificate, with Notary Seal

City / County of _____

In the Commonwealth / State of _____

The foregoing instrument was subscribed and sworn before me

This _____ day of _____, 20____,

By _____ (name of person / DBE applicant)

Notary Signature

Notary Registration # _____

My Commission expires: _____ (date)

Signature: _____

Date: _____

IMPORTANT NOTE: *In the Commonwealth of Virginia, any false statement is sufficient cause for denial of DBE certification, revocation of a prior approval or suspension, and may subject the person and/or entity making the false statement to any and all civil and criminal penalties under applicable federal and state laws.*