



**COMMONWEALTH OF VIRGINIA**  
***Department of Small Business and Supplier Diversity***

**SWaM Certification Program**

An on-site visit is not a requirement for the Virginia SWaM certification process, however if your company is seeking certification from another state that requires an on-site visit, the Department of Small Business and Supplier Diversity (SBSD) will provide this service.

- Please complete the form below.
- The fee for this service is **\$75.00**. Please make the check or money order in the amount of \$75.00 payable to **“Treasurer of Virginia”**.
- Once your request and payment are received you will be contacted by SBSD within 10 days to schedule the on-site visit.
- If subsequent visit(s) are required to complete the certification process you may be charged additional fee(s).
- The site visit report will be sent directly to the certifying contact for the state from which you are seeking certification.

**Request for On-site Visit**

**Company Name:**

**Contact Name:**

**Address:**

**City / State/ Zip:**

**Phone:**

**Email Address:**

**SWaM Certification / Record Tracking number:**

**State that requires Virginia On-site Visit Report:**

**Name of the Contact Person:**

**Address:**

**City / State/ Zip:**

**Phone:**

**Email Address:**

**Reference Number:**

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:**

**Company Position:**

**Business Owner’s Signature: \_\_\_\_\_ Date:**

**Please send the completed form along with a \$75.00 check or money order made payable to “Treasurer of Virginia” to SBSD:**

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