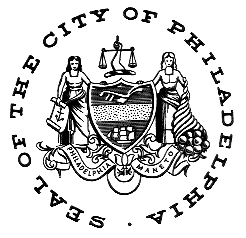
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**Minority/Women/Disabled Business Enterprise (M/W/DSBE)**

**Registration AFFIDAVIT**

**OFFICE OF ECONOMIC OPPORTUNITY (OEO)**

**One Parkway Building**

**1515 Arch Street, 12th Floor**

**Philadelphia, PA 19102**

**A FALSE STATEMENT OR MATERIAL OMMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF AN OFFICE OF ECONOMIC OPPORTUNITY REGISTRY IDENTIFICATION AND MAY RESULT IN THE INITIATION OF DEBARMENT PROCEEDINGS, AND COULD SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT OR OMISSION TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL, STATE, AND LOCAL LAW, including without limitation 18 PA. C.S. 4107.2 and 18 PA. C.S. 4904.**

**The following are additional grounds for removal of OEO Registration:**

* **The business has changed to the extent that the business is no longer beneficially owned and controlled by minority persons, women or disabled persons;**
* **An indictment or conviction of the owner(s) or business for a criminal offense related to obtaining, attempting to obtain or performing a public or private contract;**
* **Evidence that the business lacks business integrity and honesty. Such evidence may include initiation or completion of debarment proceedings against the business by a government agency;**
* **The business has had its eligibility as an MBE, WBE or DSBE revoked by another government-certifying program.**

**I understand and recognize that the information submitted in this application is for the purpose of identification in the OFFICE OF ECONOMIC OPPORTUNITY REGISTRY and having my participation counted as an MBE, WBE OR DSBE in City and City related contracts. I understand that OEO may, by means it deems appropriate, determine the accuracy and truth of the statements in this application. I authorize OEO or its designee(s) to contact, without limitation, any entity, individual, contractor(s), and client (s) for the purpose of verifying the information submitted and determining my eligibility for the OEO Registry.**

**I further agree as an on-going obligation, to fully cooperate with OEO and provide upon request, all information necessary to assist OEO in assessing the continuing validity of my firm’s status as a bona fide MBE, WBE or DSBE and in determining the commercial usefulness of my services/supply effort as an MBE, WBE or DSBE on City contracts.**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Full Name Printed), Affirm under Penalty of Law**

**that I am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Title) within Applicant Firm**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Applicant Firm Name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and completed.**

**Executed on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Owner, President, Member, Partner, Majority Owner(s)**

***3/13/18***