

**CITY OF ROSWELL  
MINORITY, WOMEN-OWNED AND  
SMALL BUSINESS ENTERPRISE  
(M/W/SBE) PROGRAM  
CERTIFICATION AFFIDAVIT**



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I understand the illegal nature of receiving public or private funds or other property as a consequence of false representation as to the Minority, Women-owned or Small Business status of \_\_\_\_\_ (insert business name) and do herein certify under penalty imposed by State of Georgia statutes and City of Roswell Ordinance that the information provided is correct and said information herein may be used for the purposes of certifying the business as a Minority, Women-owned or Small Business Enterprise (M/W/SBE). Any false representation will be grounds for denying certification or initiating the revocation of an approved certification in the future.

If it is determined that the applicant has submitted false, inaccurate or misleading information, the certification approval process may be terminated with no further consideration given to this applicant and a one year waiting period will be imposed before the applicant may re-apply for future consideration. If it is determined that the applicant has been decertified by another government, agency or business, this may constitute grounds to deny certification by the City of Roswell or the revocation of an approved certification.

I agree to make available for inspection to the City of Roswell's Purchasing Division any such materials that may be required to substantiate the degree of M/W/SBE ownership and control of the business. I agree to permit on-site inspections of the business' facilities by the City of Roswell in order to verify information provided in the application for certification.

I agree to provide written information relative to any future change in ownership and/or management of the business to the City of Roswell's Purchasing Division within two weeks of the occurrence of the change. I acknowledge that failure to submit notice of this change within the two week period will result in the revocation of certification to participate in the M/W/SBE program.

I understand that there is not a recertification for participation in the City's program; however, I also understand that I must notify the City of any change in composition, sale, or other modification to the business as required by the policy.

I understand that the City of Roswell may share this applicant's certification information concerning its M/W/SBE status and its capability with other governments, agencies and businesses for the sole purpose of providing access

to the business for additional procurement opportunities, unless otherwise specified by the business in writing.

I certify to the best of my knowledge and belief that the information contained herein, and in the accompanying application for certification documents, is correct.

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Signature Date

Subscribed and sworn  
to before me this \_\_\_\_\_ day of \_\_\_\_\_  
Date Month & Year

Signed \_\_\_\_\_

County of \_\_\_\_\_

State of \_\_\_\_\_

My commission expires \_\_\_\_\_  
Date

Notary Seal