



DETROIT METRO • WILLOW RUN  
WAYNE COUNTY AIRPORT AUTHORITY

SMALL BUSINESS ENTERPRISE  
(SBE)

RECERTIFICATION  
APPLICATION

Published  
June 2010

Wayne County Airport Authority  
**SMALL BUSINESS ENTERPRISE (SBE) RECERTIFICATION APPLICATION**

**SBE Program Recertification Requirements:**

The objective of the recertification process is to ensure that the SBE certified company (SBE) remains in compliance with all requirements of the Small Business Enterprise Program. SBEs choosing to renew their certification for a two (2) year period must complete the following:

1. Submit a completed Application.
2. Submit a newly executed and notarized Affidavit.
3. Submit a copy of the current year's **signed and dated** Tax Returns.

**Required Document Checklist:**

- Application
- Notarized Affidavit
- Copy of signed and dated Tax Return (gross receipts) for the current year

**Submit all Required Documents to:**

Wayne County Airport Authority Purchasing Unit  
Detroit Metropolitan Wayne County Airport  
L.C. Smith Building – Mezzanine  
Detroit, MI 48242  
Phone: (734) 247-7900

Wayne County Airport Authority  
**SMALL BUSINESS ENTERPRISE (SBE) RECERTIFICATION APPLICATION**

CONTACT INFORMATION																	
Company name:			Federal Tax ID Number:														
Headquarter Address:			County:														
City:	State:		ZIP Code:														
Phone:	Fax:		Website:														
Authorized Contact Name:			Contact Title:														
Contact Phone:		Contact Fax:		Contact E-Mail:													
BUSINESS INFORMATION																	
List the names and titles of all Individual Owners and Officers of the firm:																	
Date firm became active and operational:			Current number of employees:														
List the gross receipts of the firm for the most recent year: <b>NOTE: Applicants must attach a copy of signed and dated Tax Return (gross receipts) for the most recent year to this application.</b>																	
YEAR: 20_____		\$															
List the North American Industrial Classification System (NAICS) Codes (found at <a href="http://www.naics.com">www.naics.com</a> ) and the National Institute of Government Purchasing (NIGP) Codes (found at <a href="http://www.waynecounty.com/epurchasing/NIGPLookupM.asp">http://www.waynecounty.com/epurchasing/NIGPLookupM.asp</a> ) that correspond with the products and/or services your firm can provide to the Airport Authority.																	
NAICS 1	NAICS 2	NAICS 3	NAICS 4	NAICS 5	NAICS 6												
NIGP 1	NIGP 2	NIGP 3	NIGP 4	NIGP 5	NIGP 6												
<table style="width: 100%; border: none;"> <tr> <td style="width: 20%; border: none; vertical-align: top;">Company is Certified:</td> <td style="border: none; padding: 5px;"> <input type="checkbox"/> As a "Small Business" by:                 <table style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr> <td><input type="checkbox"/> Wayne County</td> <td><input type="checkbox"/> Washtenaw County</td> <td><input type="checkbox"/> The Small Business Administration (SBA)</td> </tr> <tr> <td><input type="checkbox"/> Macomb County</td> <td><input type="checkbox"/> Oakland County</td> <td></td> </tr> </table> </td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; padding: 5px;"> <input type="checkbox"/> As a "Disadvantaged Business" by a certifying agency of the Michigan Unified Certification Program (MUCP)                 </td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; padding: 5px;"> <input type="checkbox"/> As a SBE by the Airport Authority, Certification No. _____                 </td> </tr> </table>						Company is Certified:	<input type="checkbox"/> As a "Small Business" by: <table style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr> <td><input type="checkbox"/> Wayne County</td> <td><input type="checkbox"/> Washtenaw County</td> <td><input type="checkbox"/> The Small Business Administration (SBA)</td> </tr> <tr> <td><input type="checkbox"/> Macomb County</td> <td><input type="checkbox"/> Oakland County</td> <td></td> </tr> </table>	<input type="checkbox"/> Wayne County	<input type="checkbox"/> Washtenaw County	<input type="checkbox"/> The Small Business Administration (SBA)	<input type="checkbox"/> Macomb County	<input type="checkbox"/> Oakland County			<input type="checkbox"/> As a "Disadvantaged Business" by a certifying agency of the Michigan Unified Certification Program (MUCP)		<input type="checkbox"/> As a SBE by the Airport Authority, Certification No. _____
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Have there been any changes in Ownership, Business Affiliations, or Type of Business Structure since last date of Airport Authority SBE Certification:				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A													
If Yes, please describe:																	

Wayne County Airport Authority  
**SMALL BUSINESS ENTERPRISE (SBE) RECERTIFICATION APPLICATION**

**AFFIDAVIT**

For a firm to be considered for Wayne County Airport Authority (Airport Authority) SBE Certification, this form must be signed by an authorized representative and notarized.

I, \_\_\_\_\_ (printed full name) affirm under penalty of law that I am \_\_\_\_\_  
(position title) of applicant firm \_\_\_\_\_ (firm name).

I affirm that I understand all of the questions in this Certification Application and attest that all of the responses and statements in this Certification Application, attachments and supporting documents are true and correct to the best of my knowledge. I recognize that the information submitted in this application is for the purpose of approval by the Wayne County Airport Authority for participation in the SBE Program. I understand that the Wayne County Airport Authority may, by means it deems appropriate, determine the accuracy and truth of the statements in the SBE Certification Application for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its place(s) of business, and to permit interviews of its principals, agents, and employees in connection with this SBE Certification Application and if applicable, with participation in the Airport Authority SBE Program. I understand that refusal to permit such inquiries shall be grounds for denial of SBE certification and/or revocation of SBE certification if granted.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Airport Authority current, complete and accurate information regarding: (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

**I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of SBE certification; debarment from Airport Authority contract award(s); and for initiating action under federal and/or state law concerning false statements, fraud or other applicable offenses.**

To the best of my knowledge, the applicant firm meets the following criteria: (1) business headquarters or principal place of business is located within one of the following Michigan counties: Wayne, Washtenaw, Macomb, or Oakland; (2) average gross annual receipts over the most recent three-year period did not exceed five million dollars (\$5,000,000.00) for construction contractors or three million dollars (\$3,000,000.00) for all other contractors; and (3) has been in business for a minimum of one (1) year. I certify that I will notify the Wayne County Airport Authority Procurement Division within thirty (30) calendar days in the event that my firm no longer meets the criteria of this Affidavit or of any changes to the information reported in the SBE Certification Application. I understand that failure to notify the Airport Authority Procurement Division within thirty (30) calendar days of any such change may result in revocation of certification as an SBE.

I further certify that I have the authority to execute this affidavit and give the above assurances.

Signature\* of Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

*\*Original signature is required. Electronic signatures will not be accepted.*

**NOTARY CERTIFICATE:**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires: \_\_\_\_\_

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

\_\_\_\_\_  
*Printed Name*

Notary Public, State of Michigan, County of \_\_\_\_\_  
Acting in the County of \_\_\_\_\_