



**COMMONWEALTH OF VIRGINIA**  
***Department of Minority Business Enterprise***

**Virginia Employment Service Organization Certification Application**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State/ Zip: \_\_\_\_\_

Federal ID#: \_\_\_\_\_

Year Organization Established: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Number of Employee: \_\_\_\_\_

Number of persons supported by the organization: \_\_\_\_\_ (annual average)

Gross Revenue for last 3 years:

Year: \_\_\_\_\_ Dollars: \_\_\_\_\_

Year: \_\_\_\_\_ Dollars: \_\_\_\_\_

Year: \_\_\_\_\_ Dollars: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Principal Place of Operations of the Organization: \_\_\_\_\_

Other locations of the Organization: \_\_\_\_\_

**Affidavit**

**A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.**

I \_\_\_\_\_ (full name printed), swear or affirm under penalty of law that I am \_\_\_\_\_ (title) of applicant organization \_\_\_\_\_ (organization 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 complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named organization and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named organization's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

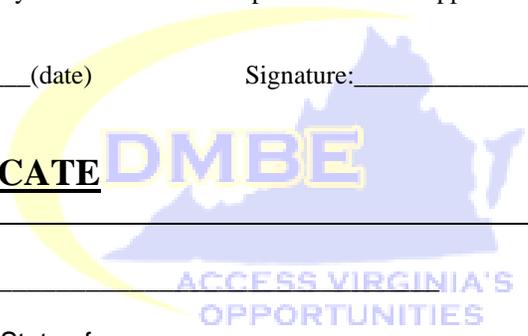
I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named organization and its affiliates, inspection of its places(s) of operations and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

**I declare ALL members of the Board of Directors and Trustees are U.S. Citizens or lawful permanent residents.**

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Executed on: \_\_\_\_\_ (date) Signature: \_\_\_\_\_ (Applicant)

**NOTARY CERTIFICATE**



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 / applicant)

\_\_\_\_\_  
Notary Signature

Notary Registration # \_\_\_\_\_

My Commission expires: \_\_\_\_\_

**NOTARY SEAL**

Mail the completed form with **Required Supporting Documents** to:

Virginia Department of Minority Business Enterprise

1111 E. Main Street, Suite 300

Richmond, VA 23219

**Required Supporting Documents:**

- Copy of Certification letter or Certificate from Virginia Department for Aging and Rehabilitative Services (DARS)
- Copy of Certification letter or Certificate from CARF
- Copy of IRS Form 990 of most current year
- Copy of Organization By-laws

