



CERTIFICATION STATUS CHANGE REQUEST

SMALL BUSINESS DEVELOPMENT (SBD)

STEPHEN P. CLARK BUILDING

111 N.W. 1ST STREET, 19th Floor

MIAMI, FL 33128

PH: (305) 375-3111 FAX: (305) 375-3160

WEBSITE: <http://www.miamidade.gov/smallbusiness/certification-programs.asp>.

INSTRUCTIONS: Please complete and check the certification information below to identify the changes made to your business. Please use additional sheet(s) to document your changes if the allotted space is not sufficient. The form must be signed by an owner and notarized. **Additional documents maybe requested based on program requirements.**

Date Received (Stamp Date Below):

I am requesting that SBD use this form to update the changes to my business as identified below:

Name of Business currently on file with SBD: _____

☐ Check if change in business name

New Business Name: _____

Business Address: _____

☐ Check if new address

City: _____ State: _____ Zip Code: _____ County: _____

ADD CODES:

☐ NAICS codes _____ ☐ Construction ☐ LDB ☐ DBE ☐ ACDBE

☐ NIGP codes _____ ☐ SBE- Good & Services

☐ Technical Certification Categories _____ ☐ A&E

DELETE CODES:

☐ NAICS codes _____ ☐ Construction ☐ LDB ☐ DBE ☐ ACDBE

☐ NIGP codes _____ ☐ SBE- Good & Services

☐ Technical Certification Categories _____ ☐ A&E

ADD PROGRAM(S):

☐ Small Business Enterprise – Goods & Services

☐ Small Business Enterprise – Construction Services

☐ Small Business Enterprise – Architecture and Engineering

☐ Local Developing Business (LDB)

WITHDRAW PROGRAM(S):

☐ Small Business Enterprise – Goods & Services

☐ Small Business Enterprise – Construction Services

☐ Small Business Enterprise – Architecture and Engineering

☐ Local Developing Business (LDB)

CHANGE(S) OF OWNERSHIP

Title	Name	Check Type of Action		Indicate % of Ownership	
		ADD	REMOVE	Previous	New

Please submit documents to support all changes (i.e. partnership agreements, corporate meeting minutes, stock certificate, ledgers, etc.). For new owners, please submit a notarized statement listing any other business owned by name, type of services provided and percentage of ownership.

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

BEFORE ME, an officer duly authorized to administer oaths and take acknowledgements,

personally appeared _____, who being first duly sworn deposes and
Print Name of Owner

affirms that the provided information statements are true and correct to the best of his/her knowledge
information and belief.

Signature of Owner

SWORN TO and subscribed before me this _____ day of _____, 201_____

Signature of Notary Public-State of Florida

My Commission Expires:

I UNDERSTAND THAT SMALL BUSINESS DEVELOPMENT, A DIVISION OF THE INTERNAL SERVICES DEPARTMENT OF MIAMI-DADE COUNTY, RESERVES THE RIGHT TO CONDUCT INVESTIGATIONS AND REQUEST ADDITIONAL INFORMATION NECESSARY TO VERIFY THE STATEMENTS AND INFORMATION PROVIDED. A SITE VISIT MAY BE CONDUCTED AT MY BUSINESS LOCATION. FAILURE TO PRODUCE THE REQUIRED DOCUMENTS SHALL RESULT IN NON-APPROVAL OF MY SMALL BUSINESS CERTIFICATION APPLICATION, OR THE IMMEDIATE DECERTIFICATION OF MY BUSINESS. THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR, SUB-CONTRACTOR, VENDOR OR SUB-VENDOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 837.012, THE FLORIDA STATUTES.