

SMALL, LOCAL BUSINESS (SLB) CERTIFICATION PROGRAM

BIENNIAL AFFIDAVIT OF ELIGIBILITY

SLI		SLB Numb	oer	
Business Address				
City, State, Zip Code				
Telephone Number	Fax Number	E-mail Address		
I declare that		continues equirements and that I can provide	to meet the de documenta	Small, tion to
Please check YES or NO to	the following statements:		YES	NO
1. The firm's principal pla	ace of business is located with	hin Los Angeles County.	[]	[]
2. The firm's annual gross \$3 million for the previo	receipts including its affiliat ous fiscal year.	tes, if any, did NOT exceed	[]	[]
10% preference to their bid at to meet the City Ordinance 1 place of business and annua firms every two years to de	amounts. To remain certified 74048 certification criteria including affi	led contracts that are \$100,000 or and be given the bid preference, cluding but not limited to the local liates, if any. This Affidavit is so. We, however, continue to resonecessary.	firms must contain of the present to SLB contains	ontinue incipal ertified
I declare under penalty of pe	rjury that the foregoing is true	and correct.1		
SIGNATURE		Title		
Printed Name		Date		
		on will be renewed. You can verify your and follow the links to Certification List		

¹ Knowingly and willfully providing false information is a violation of the City Ordinance 174048 and could subject you to fines, contract termination or debarment from transacting business with the City. Business owners claiming eligibility to the SLB Certification Program criteria must sign this affidavit.