

CITY OF BALTIMORE

CATHERINE E. PUGH, Mayor



**MINORITY AND WOMEN'S BUSINESS
OPPORTUNITY OFFICE**

Room 101, City Hall
100 N. Holliday Street
Baltimore, Maryland 21202
Phone: 410-396-4355
Fax: 410-396-1457

Dear Applicant:

Enclosed is the Reciprocal Certification Affidavit for Maryland Department of Transportation Certified Firms for certification as a Minority and/or Women's Business Enterprise with the City of Baltimore. This Affidavit must be completed, signed and notarized in order to be reviewed. Also remember to include a copy of your most recent federal tax return, your lease agreement for your Baltimore Market Area, independent, operating office (Baltimore City, Anne Arundel, Baltimore, Carroll, Harford, Howard, and Queen Anne's Counties) and a copy of your MDOT certification letter.

If your application is approved, your certification will last for two years. You can make changes to the information on file by submitting any relevant supporting documents or verification. Please be advised that changes should be made prior to your renewal date. Please review the Affidavit thoroughly before submitting it. Every item must be checked off on this document. Failure to do so will cause a delay in determining your eligibility for certification.

If you need assistance, please call the Minority and Women's Business Opportunity Office at (410) 396-4355.





City of Baltimore Reciprocal Certification Affidavit for Maryland Department of Transportation Certified Firms

I, _____, a principle of, _____
 hereby swear and affirm that the information provided in this affidavit and supporting documentation is true and correct.

COMPANY INFORMATION	
Company Name:	
Address:	
Telephone and Fax number:	
Email Address:	
Website Address:	
Race/Gender:	
Description of Service:	

CHECKLIST (ALL OF THE FOLLOWING BOXES MUST BE CHECKED IN ORDER FOR CERTIFICATION TO BE APPROVED)		
<input type="checkbox"/>	I am certified with the Maryland Department of Transportation (Include copy of MDOT certification letter)	
<input type="checkbox"/>	The firm has been in operation for at least 12 months. (Include most recent federal tax return)	
<input type="checkbox"/>	There is an independent, operating office within the Baltimore City Market Area. (Include copy of lease)	
<input type="checkbox"/>	The firm has not been denied or decertified by any other certifying agency.	
<input type="checkbox"/>	The firm, its directors or officers, have not been found guilty of any violations of the MBE/WBE program in Baltimore City or any other jurisdiction.	
<input type="checkbox"/>	The firm does not exceed the applicable size standard for the MBE/WBE program.	
<input type="checkbox"/>	The firm will also continue to meet the size standard set by the Minority and Women's Business Opportunity Office and adopted by the Board of Estimates.	
<input type="checkbox"/>	In Good Standing with the Maryland Department of Assessments and Taxation (SDAT)	

I AM PERSONALLY AUTHORIZED AS THE OWNER OF, _____, TO MAKE THIS AFFIDAVIT.

Date: _____

Signature: _____

NOTARIZATION

Official notary public to complete the following:

On this, the _____ day of _____, 20_____, before me a notary public, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to within instrument, and acknowledged that he executed in the same capacity therein stated for the purpose therein contained and the statement contained therein are true and correct.

IN WITNESS WHEREOF, I HEREUNTO SET MY HAND AND OFFICIAL SEAL.

Notary Public Seal

 Notary Public

 Commission expiration date