



Recertification Form

Date: _____

Attention: Office of Fair Share
505 Travis Street Suite 260
Shreveport, LA 71101

Re: Request Recertification for ___ FSC ___ DBE

Firm Name/Email/Vendor #

Address/ City/State/Zip Code

Phone

Hereby requests recertification under the City of Shreveport's Fair Share Program

The undersigned, as authorized representative of the firm, hereby attests that no changes in ownership and or/control, have been subsequent to the certification granted by the Office of Fair Share. Also, listed below are the gross receipts and business worth for the last three (3) years indicating your company's threshold **NOT** exceeding the Fair Share Requirements of **\$250,000.00 Personal Net Worth** and **\$750,000.00 Business Net Worth.**

Business Income Taxes

	Year	Gross Receipts	Business Worth
For Year Ending	2017	_____	_____
For Year Ending	2018	_____	_____
For Year Ending	2019	_____	_____

Copies of Stock Transfer Ledger

Personal Financials: Attach Bank Signatories, prior year Income Statement and Balance Sheet

Does Personal Net Worth Exceed \$250,000.00 Yes ___ No ___

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTY OF PERJURY THAT I HAVE NOT ENTERED INTO ANY ORAL OR WRITTEN AGREEMENT WITH ANY PERSON(S) CONCERNING THE OPERATIONS OF THIS COMPANY OTHER THAN AS PREVIOUSLY DISCLOSED HEREIN.

Signature

Name/ Title

SWORN TO AND SUBSCRIBED before me, Notary, this ___ day of _____, 20___.

Notary Public _____
Notarial Seal