



Recertification Application

Date: _____

Vendor # _____

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

Firm Name/Email

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.**

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

Does Business Net Worth Exceed \$750,000.00 Yes ___ No ___

Required Supporting Documentation

Copy of last three (3) years Business and Personal Income Tax Returns

Copy of Personal and Business Balance Sheet or Net Worth Statement

Copy of Current Driver's License

Copy of Stock Certificate (s)/Transfer Ledger

Copy of Bank Signatory Letter

Copy of License(s) to do business in Shreveport—MSA (Caddo, Bossier, Desoto, Webster Parish), Louisiana Secretary of State Annual Report, occupational license, permits)

I do solemnly declare and affirm under the penalty of perjury that the foregoing statements including attachments hereto are true and accurate. I agree that I have not entered into any other oral or written agreement concerning the operations of this company. Further, I agree to permit the audit and examination of all business official books, records and files by the Office of Fair Share or their designee.

Signature

Name/ Title

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

Notary Public/Seal _____