

Central Certification



CERT Program

CERT - Recertification Form

Company Information

Please verify/complete this section in its entirety. If information provided has changed, please update and provide supporting documentation where applicable.

Date: _____

Name of Firm: _____

Doing Business As (DBA): _____

Street Address: _____

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

Primary Contact: _____ Title: _____

Phone: _____ Fax: _____

Web Site Address: _____ Email Address: _____

Have there been any changes in the products or services you provide since the initial certification?

____ yes ____ no

If yes, please explain:

Individual Owner Information

Have there been any changes in ownership and/or management responsibilities in the past two years?

____ yes ____ no

If yes, please explain:

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Financial Information

	Year	Gross Revenues	% of Revenue From Public Sector	Highest # of Full-time Employees	Highest # of Part-time Employees
Most recent fiscal year					
Prior Fiscal Year					
Second Prior Fiscal Year					

Please attach or mail to us either your Financial Statements or Tax Returns from previous three (3) years.

I hereby declare and affirm that I, (Attestant's Name) _____,
 the (Attestant's Title) _____,
 of (Applicant Firm) _____,
 am a duly authorized representative of the Company and attest that the information submitted in this application is complete and correct.

 Attestant's Signature

 Date

Please send updates to:
 CERT
 c/o Contract and Analysis Services
 280 City Hall/Court House Bldg.
 15 W. Kellogg Blvd.
 Saint Paul, MN 55102

Fax: (651) 266-8919

Phone: (651) 266-8900

E-mail: cert@ci.stpaul.mn.us