Affidavit of Ethnic Designation

I,	, do hereby affirm that I present myself within my
commu	ty as: (check one of the options below)
	African-American (a person having origins in any of the racial groups of the African Diaspora) Asian-American (a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands, including the Hawaiian Islands prior to 1778) Hispanic-American (a person of Spanish or Portuguese culture with origins in Spain, Portugal, Mexico, South America, Central America, or the Caribbean, <i>regardless of race</i>) Native American (a person who has origins in any of the Indian Tribes of North America prior to 1835, <i>upon presentation of proper documentation</i> thereof as established by rule of the Department of Management Services) American Woman (Non-Ethnic Female)
*	All information and documents submitted as part of the Minority Business Enterprise Certification Application Process or Affidavit for Recertification become an official public record. As such, the certifying ntity bears no obligation to return to the applicant any items of original production or any copies of file locuments.
*	The certifying entity may request additional documentation.
*	Pursuant to Section 287.094, Florida Statutes, the false representation of any entity as a minority business enterprise for purpose of qualifying for certification as such under this program may be punishable as a felony of a second degree. The certifying entity may initiate such disciplinary actions it deems appropriate including, but not limited to, forwarding pertinent information to the Department of Legal Affairs and/or certifying entity's legal counsel for investigation and possible prosecution.
	applicant declares and affirms that ownership and management of this firm have not changed, except as in the application/affidavit, during the past year since certification status was granted:
	Authorized Officer (please print)
	Signature
	Title
	Company Name
describ purpos	day of
Notary	ublic Form of Identification Presented
Му Со	mission expires