

Submit completed form to smallbusiness@dot.state.fl.us

Firm Type (select only one option below):

- Construction Firms and all other Non-Professional Services Firms**
 Professional Services

Firms must be registered in MyFloridaMarketPlace (MFMP) before the Department is able to add to the small business database. Information to register with MFMP is available here:

http://www.dms.myflorida.com/business_operations/state_purchasing/myfloridamarketplace

Please note: Completion of this form and listing on the small business site does not constitute Prequalification with FDOT.

Contractors who wish to become prequalified with FDOT in construction work classes should go to:

<https://www.fdot.gov/contracts/prequal-info/prequalified.shtm>

Consultants who wish to become prequalified with FDOT in Professional Services work types should visit:

<https://www.fdot.gov/procurement/prequalification.shtm>

Business Name _____

Business Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Telephone _____ Other _____

Business Owner _____

E-mail _____ Date Business Established _____

Federal Employer Identification Number _____

FDOT Districts I am interested in performing work in: (Please check all that apply)

- | | | |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> District 1 | <input type="checkbox"/> District 4 | <input type="checkbox"/> District 7 |
| <input type="checkbox"/> District 2 | <input type="checkbox"/> District 5 | <input type="checkbox"/> Turnpike |
| <input type="checkbox"/> District 3 | <input type="checkbox"/> District 6 | <input type="checkbox"/> Central Office |

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
SMALL BUSINESS AFFIDAVIT

I, _____ am an owner or duly authorized representative
of _____ (Proposer/name of business), and I do hereby
declare:

This business:

Meets the definition for a small business pursuant to Section 337.027, F.S.

- Gross revenues, three year average (include affiliate businesses) \$ _____

Pursuant to Section 337.027, F.S., a small business means a business with yearly average gross receipts of less than \$15 million for road and bridge contracts and less than \$6.5 million for professional and nonprofessional services contracts. A business' average gross receipts is determined by averaging its annual gross receipts over the last three years, including the receipts of any affiliates as defined in Section 337.165, F.S.

The undersigned hereby authorize(s) and request(s) any person, firm or corporation to furnish any pertinent information requested by the State of Florida Department of Transportation deemed necessary to verify the statements made in this affidavit or regarding the ability, standing and general reputation of the Proposer. I declare, under penalty of perjury, that the information provided above and any supporting documents are true and accurate to the best of my knowledge. By submittal of the Affidavit certification, you are affirming that your firm meets the definition for a small business, pursuant to s. 337.027, F.S. It is the responsibility of the owner/authorized representative to inform the Department within 30 days of any change that would affect your small business eligibility, including average gross revenues over the prior three years exceeding the small business size threshold. Changes that would affect eligibility should be communicated to smallbusiness@dot.state.fl.us. This certification is good for one year or until your firm exceeds the small business threshold, whichever is earlier. To ensure regulatory compliance and accountability for the Business Development Initiative program, firms agree to furnish any pertinent information to verify the statements in this Small Business Affidavit Certification, upon request by the Department. If financial documents are not timely provided within 10 business days, or financial documents do not confirm small business eligibility, the Department reserves the right to revoke this small business certification.

Owner/Authorized Representative Signature

Date

Owner/Authorized Representative Printed Name & Title

Notary:

STATE OF _____

COUNTY OF _____

Before me, the above signed authority, personally appeared _____, who is personally known to me or has produced _____ (type of identification) identification and is duly sworn, deposes and says that he/she is authorized to represent _____ (business). Sworn and subscribed to before me this _____ day of _____, _____.

(Notary Signature)

My Commission Expires: