

STATE OF CALIFORNIA
 Department of General Services, Procurement Division
CERTIFICATION INFORMATION CHANGE (Rev. 10/31/2011)
 Office of Small Business and DVBE Services (OSDS)
 P.O. Box 989052
 West Sacramento, CA 95798-9052
 (916) 375-4940 www.dgs.ca.gov/pd/Programs/OSDS.aspx

FOR STATE USE ONLY	
APP RECD DATE	
PROCESSED BY	DATE

INSTRUCTIONS: TYPE or PRINT CLEARLY in ink. Complete the "Current Certification Information" section below and only the sections(s) that have changed. Please use additional paper to document your changes if the allotted space is not sufficient. The form must be signed by an authorized owner or officer. You may fax this completed form to (916) 375-4950 or mail it to the address above.

USE YOUR ONLINE CERTIFIED FIRM PROFILE (CFP) TO SELF-UPDATE THE FOLLOWING:

- Mailing and Principal office address • Contact information • United Nations Standard Products & Services (UNSPSC) codes • Keywords • Service areas

Your CFP logon information and instructions are included with your original certification approval letter. You do not have to submit this form to our office if you update your CFP. Please contact our office if you need assistance.

USE THIS FORM TO HAVE THE OSDS MANUALLY UPDATE THE FOLLOWING CHANGES:

Business name	Keywords
Mailing address	Service areas (Where your firm is able to do business)
Principal office address	Add Construction business type and update contractors license classification codes
Contact information	Add or delete business affiliates <u>without a change in ownership</u>
Owner's/Officer's home address	(Applies to certified small businesses only)
North American Industry Classification System (NAICS) codes	Request to terminate your certification
United Nations Standard Products & Services (UNSPSC) Codes	

To add Service, Non-manufacturer or Manufacturer business type(s) to your certification profile, please contact our office.

A NEW APPLICATION IS REQUIRED WHEN THE FOLLOWING CHANGES OCCUR:

Previous certification expired or was revoked	Request to add small business or DVBE certification to your existing certification status
A change in ownership	Add new business affiliate(s) along <u>with a change in ownership</u>
A business structure change to a sole proprietorship, partnership, corporation, limited liability company, limited liability Partnership, or joint venture	(Applies to certified small businesses only)

CURRENT CERTIFICATION INFORMATION (REQUIRED)

BUSINESS NAME CURRENTLY CERTIFIED UNDER	REF # (FROM YOUR CERTIFICATION LETTER)		
OLD MAILING ADDRESS (STREET ADDRESS OR P.O. BOX)	CITY	STATE	ZIP CODE

MY FIRM IS CURRENTLY CERTIFIED AS A: (Check one or both)

SMALL BUSINESS DISABLED VETERAN BUSINESS ENTERPRISE (DVBE)

1. NEW BUSINESS INFORMATION

"DOING BUSINESS NAME AS" (DBA) NAME		"ALSO KNOWN AS" (AKA) NAME	
MAILING ADDRESS (STREET ADDRESS OR P.O. BOX)	CITY	STATE	ZIP CODE
PRINCIPAL OFFICE PHYSICAL LOCATION (STREET ADDRESS ONLY—NO P.O. BOX)	CITY	STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	INTERNET HOMEPAGE ADDRESS

2. ADD "CONSTRUCTION" BUSINESS TYPE AND/OR UPDATE CONTRACTOR'S LICENSE CLASSIFICATION CODES

(For Construction firms only. You must have a valid California State License Board contractor's license)

CONTRACTOR'S LICENSE NUMBER	ADD CLASSIFICATION CODE(S)	DELETE CLASSIFICATION CODE(S)
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3. UNSPSC CODE(S) UPDATE (For Service, Non-manufacturer and Manufacturers only. Construction firms must use Section 2 above.)

Enter the 6-digit United Nations Standard Products & Services (UNSPSC) code(s) you wish to add or delete from your certification profile. Your added UNSPSC code(s) must fall within the service, non-manufacturer and/or manufacturer business type(s) that was determined at the time of certification. For a complete list of UNSPSC codes, visit the website at www.unspsc.org or call (916) 375-4940.

ADD	DELETE
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4. KEYWORDS UPDATE

To help others find your firm when using our online Certified Firm search tool, enter the keywords that best describe your business specialty. Your keyword(s) must fall within the Service, Construction, and/or Products (non-manufacturer and/or manufacturer) business type(s) that were determined at the time of certification. 250-character maximum per Service, Products, and Construction business type, including spaces. (Example: Under Service category: computer, system, development [up to 250 characters])

Check one: Add the following to my existing keywords: Completely replace my existing keywords with the following:

SERVICE

PRODUCTS (For Non-manufacturers and Manufacturers)

CONSTRUCTION

5. OWNER'S/OFFICER'S NEW HOME ADDRESS (If your business had an ownership change, you must submit a new application.)

OWNER'S/OFFICER'S NAME	NEW HOME ADDRESS	CITY	STATE	ZIP CODE

6. AFFILIATE INFORMATION UPDATE (All small businesses must report any and all affiliate business activity throughout their certification.)

A. If your firm shares (or has shared) a common financial and/or business relationship with any other business during any one (or all) of the previous three tax years, you must disclose that information. The following questions will help you to identify "affiliate" relationships. Review each of the 8 questions and respond with a check mark in the appropriate yes or no column.

Does Your Firm Have:	Yes	No	Does Your Firm Have:	Yes	No
1. Shared office or warehouse facilities, equipment, systems, and/or employees with any other business?			5. Family ties with any other business that is engaged in a similar or commonly related business activity?		
2. Shared or common owners, officers, and/or directors with any other business? (Exclude investors without management or control.)			6. An arrangement with any other business to assign a contract, in whole or in part? (Exclude investors without management or control.)		
3. A financial relationship, including loans and assistance to meet bond/security or credit requirements with any other business? (Exclude investors without management or control.)			7. An agent/broker relationship under which your firm is authorized to transact business for, or manage/control the affairs of another firm or individual, or act for them under the contractual relationship of agency?		
4. A contractual relationship, including assignment or transfer of rights, responsibility or property with any other business? (Exclude investors without management or control.)			8. (For non-manufacturers only.) A business relationship in which your firm does not have the ability to transfer title to the goods being delivered?		

B. If you answered "yes" to any of the questions above, you must complete the following section to identify each business that is related to your "yes" response(s). In addition, for each "affiliate" identified, you must provide a copy of that business' ENTIRE Federal tax return for each of the three most recent tax years (or, in the case of a new affiliation at least the most recent tax year). Additionally, if that business has any employees, you must provide a copy of their Quarterly Wage and Withholding Report (Form DE 6) covering the four most recently completed quarters as filed with the California Employment Development Department (EDD).

Affiliate Name and Address	Ownership or relationship with affiliate	Ownership %	Affiliation Date		Employee(s)?	
			Start	End	Yes	No
1 Affiliate Name Affiliate Address City State Zip Code						
2 Affiliate Name Affiliate Address City State Zip Code						

C. If you believe affiliation does not exist with any firm listed above (see Title 2, California Code of Regulations, Section 1896.12(d)(7)), provide a signed statement with supporting documentation. If your business is a manufacturer's or service provider's representative, to rebut affiliation you must submit a copy of the written agreement between your business and the manufacturer or service provider which substantiates the independent nature of the individual businesses.

7. REQUEST TO TERMINATE CERTIFICATION

CERTIFICATION TYPE: (CHECK ONE OR BOTH)

REASON(S): (CHECK ALL THAT APPLY)

- Small Business
 No longer in business
 Did not use certification
 Certification did not help my business
 DVBE
 Owner deceased
 Other (Specify)

8. AUTHORIZING SIGNATURE (REQUIRED)

The signatory of this document must be the certified firm's owner (or officer in the case of a corporation) and as such, hereby certifies under penalty of perjury under the laws of the State of California that all information provided herein is truthful and accurate.

OWNER'S/OFFICER'S SIGNATURE	DATE
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