

**ALL NEW & RENEWING SMALL BUSINESS APPLICANTS MUST COMPLETE & SUBMIT THIS FORM.
YOU MUST ANSWER ALL 8 QUESTIONS. DO NOT ENTER "N/A."**

STATE OF CALIFORNIA
Department of General Services, Procurement Division
AFFILIATE INFORMATION (Rev. 09/2010)
Office of Small Business and DVBE Services (OSDS)
707 3rd Street, 1st Floor, Room 400
West Sacramento, CA 95605
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FOR STATE USE ONLY APP RECD DATE

INSTRUCTIONS: This form replaces Sections 5 and 6 of the "Small Business Certification Application" (STD. 813, REV. 1/2002). All new and renewing small business applicants must complete and submit this form. Omitting this document will delay your certification results.

PURPOSE: All business relationships or "affiliations" must be reported and considered when determining small business certification eligibility. California law establishes a dollar maximum of \$14 million gross annual receipts (GARs) averaged over the three previous tax years and a limit of 100 employees or less. Manufacturers are only required to have 100 employees or less. The law also requires that all affiliate GARs and number of employees be combined with those of the applicant small business when calculating the average GARs and total employee count. Therefore, if you have business affiliate relationships, their annual receipts and number of employees will be counted with yours to determine whether or not your firm falls within the GARs and employee eligibility requirements.

1. BUSINESS NAME

"DOING BUSINESS AS" (DBA) NAME	OSDS REF # (CURRENTLY CERTIFIED FIRMS ONLY)
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2. AFFILIATE INFORMATION (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. Do not use "N/A".

Does Your Firm Have:	Yes	No	Does Your Firm Have:	Yes	No
1. Have a controlling ownership interest in another business?			2. Share or have common owners with another business?		
3. Share or have common owners management with another business? ("Management" refers to the owners/officers that control the business' decisions and day-to-day operations.)			4. Have a family member(s) engaged in a similarly or commonly related business activity as the applicant?		
5. Have a financial relationship with another business, consisting of loans and/or assistance to meet bond/security or credit requirements? (Exclude those with public financial institutions.)			6. Have a contractual relationship between the applicant firm and another company consisting of assignments, and/or transfer of title(s)?		
7. Share facilities, equipment or systems with another business?			8. Share employees with another business?		

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							
3	Affiliate Name									
	Affiliate Address									
	City	State	Zip Code							

C. If you believe affiliation does not exist with any firm listed above (see Cal. Code Regs., tit. 2, § 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.

3. 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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