



**COMMONWEALTH OF VIRGINIA**  
***Department of Small Business and Supplier Diversity***

**SWaM Certification Program**

**Request for Additional Certified SWaM Type**

**Company Name:**

**Contact Name:**

**Address:**

**City / State/ Zip:**

**Phone:**

**Email Address:**

**SWaM Certification / Record Tracking number:**

**Type of SWaM Type Currently Certified:**

Small,  Women Owned,  Minority Owned

**Additional SWaM Type Requested:**

Small,  Women Owned,  Minority Owned

**Justification for Request:**

The undersigned understands that any material misrepresentation as stipulated above will be grounds for denial or revocation of certification and initiation of action under State laws (Code of Virginia § 18.2-213.1) concerning falsely sworn statements.

**Code of Virginia § 18.2-213.1:**

**A person shall be guilty of a Class 1 misdemeanor if, in the course of business, he willfully makes a false statement knowing it to be untrue, whether by affidavit, report or other representation, to an official or employee of a public body for the purpose of influencing the certification or denial of certification of any business entity as a small, women-owned, or minority-owned business, or disadvantaged business;**

**Business Owner's Name:**

**Business Owner's Title:**

**Business Owner's Signature:**

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**Date:**

**Please send the completed form and supporting documents to SBSD:**

**Mailing address:** Department of Small Business and Supplier Diversity  
101 N. 14th Street, 11th Floor  
Richmond, Virginia 23219

**Fax number:** (804) 786-9736

**Email address:** [sbsd@sbsd.virginia.gov](mailto:sbsd@sbsd.virginia.gov)

Example of Supporting Documents: IRS EIN assignment letter, Federal Tax Return, Articles of Incorporation Amendments, Articles of Organization Amendments, Bylaw Amendments, Operating Agreement Amendments, Corporate Shareholder Meeting Minutes, Corporate Board Meeting Minutes, etc.