

COMMONWEALTH OF VIRGINIA
Department of Small Business and Supplier Diversity

SWaM and Micro Business Certification Program

Owner Title Sheet

- **Company Name:** _____
- **SWaM Certification / Record Tracking number:** _____

Do you also want to apply for “**Micro Business**” Certification? Yes_____, No_____

Name of Owner (s)	Title/Position in the company	Ownership %

- Does anyone from the list above have more than 10% of ownership of another firm(s)?
Yes _____, No _____
If Yes, Firm Name: _____ Person’s name: _____
Explain the Business Relationship: _____

If you have 10% of ownership of another firm(s), please submit the following documents for each firm:

1. Federal Tax Return – complete return from the most recent year and 1st page of previous two years
2. Federal Form 941(Employer’s Quarterly Federal Tax Return) - 1st page only from the most recent four quarters if you are qualifying under the number of employees for small business status

I attest that the information provided herein is true and accurate to the best of my knowledge. I understand that any information willfully falsified or intentionally omitted may result in the firm being de-certified and/or disbarred from bidding on State contracts for a period of up to two years and prosecuted under Commonwealth of Virginia fraud statutes.

Business Owner’s Signature: _____

Date: _____