FAYETTEVILLE PUBLIC WORKS COMMISSION



Small Local Supplier (SLS) Certification Form

(Name of Person or Entity)			
(Owner's Name – First, Middle, Last)	(Title)		
(Street address)	(City)	(State)	(Zip)
(Mailing address if different from the Street Address)		(State)	(Zip)
(Business Telephone)	Total Number of Employees		s that reside within FMSA* aberland, Hoke, and Harnett Counties
(Email Address)	Type of Work Performed / NAICS	Code Average Gro	sss Income for Past Three (3) Years
	n or entity listed above meets to SLS Program Guidelines as defined lowing requirements:		
primary North American Industry	meet the size requirement establis Classification Code, as set forth in ocument/supporttable-size-standar	13 C.F.R. §121.201, and as	
Area (FMSA). For persons or en inside the FMSA must account for	nysical place of business (whether leading with physical locations both at least than fifty percent (50%) of the applicant's employees are not be a supplementation.	inside and outside of the Fi the applicant's total gross r	MSA, the physical location(s) revenue from all locations; and
Integrity: Applicant agrees that a will deem the person or entity inel	ny conduct of to attempt to evade gible for the SLS program.	or subvert the intent or requ	uirements of the SLS Program
Cooperation: Applicant seeking SLS Certification shall cooperate fully with PWC's requests for information and documentation relevant to the certification process. Failure or refusal to provide requested information and documentation may result in denial or removal of SLS Certification.			
	ineligible for participation in the cation after the disqualifying condit based on present circumstances.		
	nd conditions of any contract award ted, the plans for the project, the		
Certified SLS contact information Contractors and PWC Personnel.	will be published on the Directory of	of SLS firms for solicitation	for bid opportunities for Prime
(Signature Owner/Office	(Printed	1 Name)	

(Title)

Date