

Department of Finance and
Administration Procurement Division
CITY OF JACKSONVILLE

**JSEB PROGRAM ADDITIONAL
AREAS OF CERTIFICATION
APPLICATION**

Date: _____

Business Name: _____

Check the following options and indicate which ones are applicable.

Owner: _____

Add Additional NIGP Codes

Tax ID #: _____

Remove NIGP Codes

Specify NIGP codes for which the company requests removal or certification:

Please list any trade/professional license(s), required by the state, to perform the additional services. **Attach a copy of the license(s) to this page.**

If your company is seeking certification as a distributor/supplier please attach copies of any distributor agreements and inventory records.

- Any supplier/distributor agreements and/or inventory records
- Florida Department of Revenue Forms DR-11 and DR-13

If certification is being sought in an area which does not require a trade/professional license, please attach **at least** two copies of the firm's most recent contracts/invoices which pertain to that particular service your company would be providing.

Removing NIGP Codes: Attach a description of the codes you request for removal, include an explanation of why your company will no longer be providing these services.

I agree that, by signing this application, all information provided is true to the best of my knowledge.

I also understand that: 1) the certifying entity may request additional documentation not requested on this application; 2) supporting documentation will be investigated to determine whether or not the city agrees that I am capable of providing services, both legally and professionally, in the areas for which I am seeking certification and; 3) that submission of this application does not guarantee that certification.

Applicant Name (Please Print)

Signature

Title