



CITY OF JACKSONVILLE
JSEB PROGRAM
ADDITIONAL AREAS OF CERTIFICATION
APPLICATION

Date: _____

Business Name: _____

Owner: _____

Tax ID #: _____

Specify additional areas for which the company requests certification (NIGP codes and descriptions):

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 (NIGP codes 000-899) please attach copies of:

- 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 (NIGP codes 900-999), 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.

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 and Title (Please Print)

Signature