

For Office Use Only Date Received:				For Office Use Only Date Approved:			
CP1	RC Approval Da	te:		V	endor Number:		
Day				_	FICATION REN	EWAL	
Dus	siness name.						
Street Address				Mailing Address			
City	y	State	Zip	City	State	Zip	
Tel	ephone		Fax		E-mail address		
Contact Person:				Title:			
 2. 	Miami-Dade County Public Schools? Yes No If yes, please explain and document the changes Have any changes occurred in the management of the business since it was last prequalified by Miami-Dade County Public Schools? Yes No If yes, please explain and document the						
3.	changes. Provide a copy company's bone		dited financial st	atement or a S	urety Letter of Intent	reflecting the	
4.		orkers compensa	_	_	ny has general liabili re required by the Sc	-	
5.	Provide the names of owner(s), director(s), and officer(s).						
	Owner(s) Director((s)	Officer	icer(s)/Title	
	-						

1 of 2 FM-6690 (02-04)

STATEMENT OF CONTRACTORS QUALIFICATION RENEWAL APPLICATION $\underline{\text{AFFIDAVIT}}$

STATE OF	
COUNTY OF	
I hereby declare and affirm that I am the	/T:N=\
of	(Title) (Firm)
	(FIIII)
Application, and that the contents of said docume knowledge and belief. I hereby certify that the amaterial information necessary to validate the purposes. Further, the undersigned is notified of Development and Assistant within fifteen (15) change occurs in the ownership, management prequalification applicant, including it's principal misrepresentation to obtain business or contract Florida State administrative rules, and School	oing Statement of Contractor's Qualification Renewal ent(s) are complete, true, and correct, to the best of my application and supporting documents include all of the status of the company for prequalification renewal his/her responsibility to notify the Division of Business days and provide a notarized statement whenever a ent, or financial condition of the company. Any al(s), director(s), and any affiliate, who is a party to any as with the District, pursuant to Florida State statutes, Board rule shall be declared delinquent and have its esubject to debarment and any other penalty prescribed
(Corporate Seal), if appropriate	Name of Owner or Officer (Printed)
	Owner or Officer (Signature)
	Owner of Officer (Signature)
officer who is authorized to administer oaths,	ing affidavit, who acknowledged that he/she executed
IN WITNESS WHEREOF, I have hereunto set m	ny hand and official seal.
(Notary Seal)	Notary Public
	My Commission Expires:

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