

VENDOR REGISTRATION FORM WITH SECTION 3 AND REPRESENTATION CERTIFICATIONS

TO OWNER: THE HOUSING AUTHORITY OF THE CITY OF CHARLESTON
550 MEETING STREET, CHARLESTON, SC 29403

Legal Company Name: _____

DBA (Doing Business As): _____

Company Address: _____

City _____ State _____ Zip Code _____

Telephone: _____ Fax: _____ email _____

Federal ID # (FEIN): _____ or Social Security#: _____

City Business License#: _____ State Business : _____

Product and Service Index Codes:

See attached listing. (Example: If your company is a General Contractor your code will be A0; If your company has a specialty license for painting only, your Code will be A14). Circle all Codes that apply to your company.

Certifications:

Individual/Sole Proprietor C Corporation S Corporation Partnership

Trust/estate Limited Liability Company Government Agency Other

Minority Owned Business Women Owned Business Enterprise Disadvantage Business Enterprise

Other Certification _____

Section 3 Certification (for detailed Section 3 information visit <http://www.hud.gov/section3>) Please select "Yes" or "No":

51% or more of the business is owned by a Section 3 resident Yes No

30% or more of the company's full time employees are Section 3 Residents,

Or were Section 3 resident within the past three years Yes No

The company can provide evidence, as required, of a commitment to
Subcontract 25% or more of all subcontract dollars to a certified and

Qualified Section 3 business enterprises..... Yes No

If you answered "Yes" to one or more of the above question, you may designate
your company as a Section 3 Business Enterprise. My Company is designated

as a Section 3 Business Enterprise..... Yes No

Certifications:

I declare and affirm under penalty of prosecution for perjury that the statements made herein are true and accurate to the best of my knowledge. I understand that falsifying information and incomplete statements may be cause to disqualify this certification.

Printed Name of Representative

Signature of Business Owner or Authorized Representative

Date

Subscribed and sworn to before me

This _____ day of _____ 20_____

Notary Public State of _____

My Commission Expires: _____

SEAL IF CONTRACTOR IS A CORPORATION

Revised 12/3/2018