

## COVID-19 Renewal Attestation Form

**During the COVID-19 MA-State of Emergency, this form temporarily replaces the Notarization requirement on the SDO Renewal Affidavit. All references in the Renewal Affidavit to Notarization shall be met by execution and submission of this form during the State of Emergency.**

Please remember **make a copy** of your entire renewal packet, including supporting documents, for your records. By submitting a Renewal Affidavit, the Applicant acknowledges and accepts the following terms:

- 1) This form, the Renewal Affidavit, the supporting documents, and any other information provided in support of the renewal are considered part of the renewal application. Pursuant to 425 CMR 2.00 et seq., an applicant that knowingly provides false or misleading information may be barred from certification for a period of up to five (5) years.
- 2) Pursuant to 950 CMR 32.00, Public Records Access Regulations, an agency may not disclose information submitted in a renewal application, unless such disclosure request is made pursuant to applicable state and federal laws.
- 3) The applicant has a continuing duty to ensure that the SDO has current, true, accurate and non-misleading business-related information in its files. The applicant agrees to provide information to SDO, **within thirty (30) days**, regarding any change in the ownership, structure, or operational and managerial control of the applicant's business after the initial certification application has been uploaded.
- 4) Certification is normally granted for a period of three (3) years. However, in the event that the information provided in the original application is called into question, or SDO has been notified that there has been a **material change in the ownership or operational management of the company**, SDO may conduct a review and/or request additional information, including the submission of a new application and/or the examination of the applicant's principals or employees. The applicant's failure to cooperate may be grounds for revocation of the certification.
- 5) By signing below, I agree to allow the SDO to utilize application information about my firm after being successfully renewed in order to enable the OSD and other agencies participating in supplier diversity programs (including, but not limited to Commonwealth Departments, the MBTA, and Mass-Housing) to identify my firm in their respective vendor databases as being certified.

**Important:** Each eligible owner on whom you rely to establish at least 51% ownership and control of the firm must provide his or her own separate attestation in connection with this renewal application. Attach as many **COVID-19 renewal attestation forms** as needed.

**Non-Profit** renewal applications must provide an **attestation verification** from either the chairperson of the Board of Directors or Executive Director.

### Attestation Verification

State:	
County:	
Applicant Company Name:	
Applicant Representative Name:	
Applicant Representative Title:	
Applicant Representative Signature:	

The individual named above, being duly sworn, is an authorized representative of the above-named Company, which is the enterprise making the foregoing application, and, by signing above, confirms that she/he has read this application, understands the content and represents that the statements made herein are true, accurate and correct.