

The City of New York Department of Small Business Services  
Division of Labor Services Contract Compliance Unit  
1 Liberty Plaza, New York, New York 10006  
Phone: (212) 513 – 6323  
Fax: (212) 618-8879

Date \_\_\_\_\_

File Number \_\_\_\_\_

**LESS THAN 50 EMPLOYEES CERTIFICATE**  
(Supply and Services Contracts Only)

Your contractual relationship in this contract is: Prime contractor \_\_\_\_\_ Subcontractor \_\_\_\_\_

Are you currently certified as one of the following? Please check yes or no:

MBE Yes \_\_\_ No \_\_\_      WBE Yes \_\_\_ No \_\_\_      LBE Yes \_\_\_ No \_\_\_

DBE Yes \_\_\_ No \_\_\_      EBE Yes \_\_\_ No \_\_\_

If you are certified as an MBE, WBE, LBE, EBE or DBE, what city/state agency are you certified with?

\_\_\_\_\_

Please check one of the following if your firm would like information on how to certify with the City of New York as a:

\_\_\_ Minority Owned Business Enterprise

\_\_\_ Locally Based Business Enterprise

\_\_\_ Women Owned Business Enterprise

\_\_\_ Emerging Business Enterprise

\_\_\_ Disadvantaged Business Enterprise

Company Name

Employer Identification Number or Federal Tax I.D

Company Address and Zip Code

E-Mail Address

Chief Operating Officer

Telephone Number

Prime Contractor (if Subcontractor)

Contact Person

Contracting Agency

Description of proposed contract: \_\_\_\_\_

\_\_\_\_\_

Are you a Union contractor? Yes \_\_\_ No \_\_\_ If yes, please list which local(s) you affiliated with

\_\_\_\_\_

Are you a Veteran owned company? Yes \_\_\_ No \_\_\_

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