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 \$750,000 SUBCONTRACT CERTIFICATE (CITY, STATE AND ICIP ONLY)			
Are you currently certified as one of the following? Please check yes or no:			
MBE YesNo WBE YesNo	LBE YesNo		
DBE YesNo EBE Yes No			
If you are certified as an MBE, WBE, LBE, EBE or DBE, wha	t city/state agency are you certified with?		
Please check one of the following if your firm would like inform	mation on how to certify with the City of New York as a		
Minority Owned Business Enterprise	Locally Based Business Enterprise		
Women Owned Business EnterpriseEmerging Business Enterprise			
Disadvantaged Business Enterprise			
Company Name	Employer Identification Number or Federal Tax I.D		
Company Address and Zip Code			
Contact Person (First Name, Last Name)	Telephone Number		
Fax Number	E-mail Address		
Description and location of proposed subcontract:			
Are you a Union contractor? Yes No If yes, ple	ease list which local(s) you affiliated with		
Are you a Veteran owned company? Yes No			
Procurement Identification Number (PIN) (City contracts only)	Contract Registration Number (CT#) (City contracts only)		

Revised 10/19
FOR OFFICIAL USE ONLY: File No._____

Block and Lot Number (ICIP projects only)	Contract Amo	punt
above named owner or City ag	cial signing)	is made in accordance with NYC
contract between the City and	ns of any data or information submitted herew the bidder or contractor and in disapproval of cation may result in civil and/and or criminal	f future contracts for a period of up to
Signature of authorized official		Date
Sworn to before me this	Only original signatures accepted.	
Notary Public	Authorized Signature	Date