

**COMMONWEALTH OF VIRGINIA**  
*Department of Small Business and Supplier Diversity*

**SWaM and Micro Business Certification Program**

**Owner Title Sheet**

- **Company Name:** \_\_\_\_\_
- **SWaM Certification / Record Tracking number:** \_\_\_\_\_

Do you also want to apply for “**Micro Business**” Certification? Yes\_\_\_\_, No\_\_\_\_\_

Name of Owner (s)	Title/Position in the company	Ownership %

- Does anyone from the list above have more than 10% of ownership of another firm(s)?  
 Yes \_\_\_\_\_, No \_\_\_\_\_  
 If Yes, Firm Name: \_\_\_\_\_ Person’s name: \_\_\_\_\_  
 Explain the Business Relationship: \_\_\_\_\_

**If you have 10% of ownership of another firm(s), please submit the following documents for each firm:**

1. Federal Tax Return – complete return from the most recent year and 1<sup>st</sup> page of previous two years
2. Federal Form 941(Employer’s Quarterly Federal Tax Return) - 1<sup>st</sup> page only from the most recent four quarters if you are qualifying under the number of employees for small business status

I attest that the information provided herein is true and accurate to the best of my knowledge. I understand that any information willfully falsified or intentionally omitted may result in the firm being de-certified and/or disbarred from bidding on State contracts for a period of up to two years and prosecuted under Commonwealth of Virginia fraud statutes.

**Business Owner’s Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_