



**DISADVANTAGED BUSINESS ENTERPRISE
NAICS CODE EXPANSION REQUEST**

Business Name:	
Contact person:	Title:
Primary Phone:	Secondary Phone:
Email:	Website:

Requested NAICS Codes

NAICS Code	NAICS code Description	Action (add, remove or change)

Please attach documentation or information relevant to the review of the NAICS code expansion your firm requested including, but not limited to:

- ✓ **documentation of required licenses,**
- ✓ **copy of insurance in added NAICS code,**
- ✓ **resume of qualifying owner and/or employees having expertise in the added NAICS,**
- ✓ **contracts that are pending or have been performed,**
- ✓ **equipment owned or leased used to perform the work for the NAICS code requested.**

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I certify and declare under penalty of perjury under the laws of the State of Minnesota that the foregoing and all attachments are true and correct.

Owner's Signature:	Title:
	Printed Name:
	Date: