

**WASHINGTON SUBURBAN SANITARY COMMISSION
SMALL LOCAL AND/OR MINORITY BUSINESS SUBCONTRACTING CERTIFICATION**

The undersigned certifies that they have entered into a subcontracting agreement to provide the services/commodities described herein for the percentage of the Contract value stated herein.

W.S.S.C. Contract No.: _____ Contract Value: \$ _____

Contract Title: _____

Please check the appropriate business classification of the Subcontractor:

- Certified Minority Business Enterprise Firm
- Approved Small Local Business Enterprise Firm

Is this a mandatory subcontracting requirement (circle one option)? Yes or No

Value of Subcontracted Services/Commodities: \$ _____

Percentage of Contract Value: _____ %

Small Local **and/or** Minority Business Enterprise Subcontractor's Name _____

Address _____

City _____ County _____ State _____

Minority Certifying Agency: _____

Minority Certification No.: _____ Expiration Date _____ Minority Type _____

Detailed Description of Subcontracted Services/Commodities: _____

Signed and sealed this _____ day of _____, 20 _____.

Printed Name of Contractor
By: _____ (Seal)
Authorized Signature

Printed Name/Title

Witness/Attest:

Signature/Title

Printed Name of Subcontractor
By: _____ (Seal)
Authorized Signature

Printed Name/Title

Witness/Attest:

Signature/Title

EIN No.: _____

Firm's Telephone No. : _____

Firm's Facsimile No. : _____

Firm's E-Mail Address: _____