Palm Beach County Office of Equal Business Opportunity (OEBO) 50 S. Military Trail, Suite 202 West Palm Beach, FL 33415 PH: (561) 616-6840



MODIFICATION REQUEST FORM

INSTRUCTIONS: Please complete and check the information below to identify the changes made to your business. Failure to identify any changes in your business may result in denial of your request. The form must be signed by an owner, officer or authorized agent of the applicant company and properly notarized. Additional documents may be requested.

NOTE: The OEBO staff has up to 90 business days to complete this modification request. If Modification is for an upcoming bid, you may request an expedited process, for a fee of \$300.00. Please contact your Small Business Development Specialist if you have additional questions.

Palm Beach County Vendor ID No.: _							
Name of business currently on file with	th OEBO:						
□ Check if change in business name (\	with fictitious name	if applicable)					
New Business Name:							
□ Check if new address							
New Business Address:							
City: State: Zip Code:							
ADD SERVICE CODES:		CHANGE BUSINES	SS CATEGORY:				
NIGP Codes:		Construction	Construction CCNA Professional Goods				
		Other Service	s 🗌 Professional (Non-CC	NA)			
Note: Supporting invoices, contracts, and/or p DELETE SERVICE CODES:	roposals should accompa	any newly added service codes.	NESS STRUCTURE:	,			
NIGP Codes		Sole Proprietor	Corporation Partners	hip			
		Limited Liability Co	mpany (LLC)				
			I.D. No		-		
CHANGE CERTIFICATION DESIGNATIO	DN: SBE	S/MBE S/WBE	S/M/WBE				
CHANGE OF QUALIFIER(S):							
Name		License No.		Check Action			
				Add	Remove		

CHANGE(S) OF OWNERSHIP & OFFICERS:

Name	Title	Check Type of Action		Indicate % of Ownership	
		Add	Remove	Previous	New

Please submit documentation to support all changes (i.e. partnership agreements, corporate meeting minutes, stock certificates, stock ledger, etc.)

I UNDERSTAND THAT THE OFFICE OF EQUAL BUSINESS OPPORTUNITY OF PALM BEACH COUNTY, RESERVES THE RIGHT TO CONDUCT INVESTIGATIONS AND REQUEST ADDITIONAL INFORMATION NECESSARY TO VERIFY THE STATEMENTS AND INFORMATION PROVIDED. A SITE VISIT MAY BE CONDUCTED AT MY BUSINESS LOCATION. FAILURE TO PRODUCE THE REQUIRED DOCUMENTS SHALL RESULT IN NON-APPROVAL OF MY SMALL BUSINESS CERTIFICATION APPLICATION, OR THE IMMEDIATE DECERTIFICATION OF MY BUSINESS. THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR, SUB-CONTRACTOR, VENDOR OR SUB-VENDOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 837.012, THE FLORIDA STATUES.

Signature	Name and Title (type or print)	ate
State of Florida		
County of		
The foregoing instrument was acknowledge	ed before me by means of \Box physical presence or \Box online notarization, this _	day
of,	_(year), by	(name
of person acknowledging).		

Signature of Notary Public