



**COUNTY OF ALAMEDA  
SMALL, LOCAL AND EMERGING BUSINESS PROGRAM  
SLEB  
RENEWAL CERTIFICATION APPLICATION**

SLEB Certification Number: \_\_\_\_\_ Date of Initial Certification: \_\_\_\_\_

Business Name: \_\_\_\_\_ Federal Tax Identification Number: \_\_\_\_\_

Business Address: \_\_\_\_\_ How long at this address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Main Contact Name: \_\_\_\_\_ Business Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Email Address: \_\_\_\_\_ Ownership changed since last certification:  Yes  No

Gross Business Receipts for Last Three Years:  
 \$ \_\_\_\_\_ 20\_\_\_\_ \$ \_\_\_\_\_ 20\_\_\_\_ \$ \_\_\_\_\_ 20\_\_\_\_

<b>Composition of Ownership</b>	
Are you a publicly traded entity, a public school, or a government? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a non-profit, or a church? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes" to one of the above, skip Ethnicity and Gender below. The Collection of ethnicity and gender data is for statistical and demographic purposes only. Please check the ONE most applicable in each category:	
<b>Ethnicity</b>	
<input type="checkbox"/> African American or Black (greater than 50%)	<input type="checkbox"/> Hispanic or Latino (greater than 50%)
<input type="checkbox"/> American Indian or Alaskan Native (greater than 50%)	<input type="checkbox"/> Native Hawaiian/Pacific Islander (greater than 50%)
<input type="checkbox"/> Asian (greater than 50%)	<input type="checkbox"/> Multi-ethnic minority ownership (greater than 50%)
<input type="checkbox"/> Caucasian or White (greater than 50%)	<input type="checkbox"/> Multi-ethnic ownership (50% Minority-50% Non-Minority)
<input type="checkbox"/> Filipino (greater than 50%)	
<b>Gender</b>	
<input type="checkbox"/> Female (greater than 50% Ownership)	<input type="checkbox"/> Male (greater than 50% Ownership)

**North America Industry Classification System Codes (NAICS )**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RENEWAL AFFIDAVIT**

I declare, under penalty or perjury all of the foregoing statements are true and correct.

\_\_\_\_\_  
 Signature Printed Name Title (Proprietor / Partner / Officer)

**Please complete, sign and mail Application to:**

**Alameda County Auditor-Controller Agency  
Office of Contract Compliance  
1221 Oak Street, Room 249, Oakland, CA 94612  
Tel: (510) 891-5500 Email: ACSLEBcompliance@acgov.org**