



INSTRUCTIONS FOR AFFIDAVIT OF SMALL BUSINESS GRADUATION:

The following form is for the purpose of recognizing those firms that have graduated from METRO's Small Business program. Graduation occurs when a firm has grown beyond the small business requirements. If you are currently a small business working on a METRO contract and exceed the requirements during your contract, you will still be treated as a small business until the conclusion of your contract. If in the future your small business again meets the small business criteria you are welcome and encouraged to re-apply for small business certification. This affidavit does not preclude a small business from re-applying for SBE certification if they became eligible in the future. Please feel free to contact the Office of Small Business at 713-739-4845 if you have any questions.

AFFIDAVIT OF SMALL BUSINESS GRADUATION ***(Must be completed by each owner. Make additional copies as necessary)***

I certify that I am the owner of _____ . I am informing METRO that I no longer qualify, as a METRO Certified Small Business Enterprise.

According to METRO's eligibility requirements, stated in the Small Business Program:

"For this program, "small business" means a business whose gross revenues or number of employees averaged over the past three years, inclusive of any Affiliates as defined by 13 CFR Part 121.103, does not exceed the size standards as defined pursuant to Section 3 of the Small Business Act and for which the net worth of each owner does not exceed \$1.32 million."

According to this regulation, my company has exceeded the :

_____ Size Standards

_____ Personal Net Worth (exceeds \$1.32 Million)

Print Name: _____ Signature: _____

Executed on _____ (Date)

The State of _____

County of _____

Before me, a Notary Public, on this day personally appeared _____ , known to me (or proved to me on the oath of) to be the person whose name is subscribed to the forgoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____ A.D. 20_____

Notary Public, State of _____

(Personalized Seal)

(Print name of Notary Public here)

My commission expires the _____ day of _____ 20_____