

FORM-3

HOC WORKS BUSINESS CONCERN CERTIFICATION (if applicable)

I,, the Contractor or the authorized representative of the Contractor, hereby attests that the Business identified below is An HOC Works Business Concern. I also attest that the proofs supplied and representations made for HOC Works are accurate as stated in the HOC Works Program Requirements. Please reference the HOC Works Program Requirements when completing this form.	
Name of HOC Works Bu	ısiness:
Contract Number:	Dollar Amount of Contract:
Contact Person:	Phone Number:
Project Name:	
This HOC Works Business Concern is:	
0 0 0	Corporation Partnership Sole Proprietorship Joint Venture
Qualifying Business:	
0 0 0	51% owned by HOC Works residents 30% HOC Works Residents 25% contract work committed to subcontract to HOC Works Business Concerns 51% minority owned
I do certify that the above information is correct.	
Signature	
Printed Name	Date