



## SECTION 3 BUSINESS CONCERN CERTIFICATION

### Eligibility for Preference

**Instructions:**

This form must be completed and signed by all contractors to certify whether they qualify for preference as a Section 3 Business Concern.

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Number of Employees:** \_\_\_\_\_ (full time) \_\_\_\_\_ (part time)

1. Does your firm represent and certify that it is a Section 3 business concern?

Yes                       No

If yes, please check all that apply. The contractor represents and certifies that:

- The contractor's firm is 51 percent or more owned by Section 3 residents; or
- The contractor's permanent, full-time employees include persons, at least 30 percent of whom are currently Section 3 residents, or within three years of the date of their first employment with the business were Section 3 residents; or
- The contractor hereby commits to subcontract in excess of 25 percent of the dollar amount of all subcontracts to be awarded by the business under the proposed contract to Section 3 businesses that meet either of the above two criteria, as identified below and detailed further in the contractor's Section 3 Subcontracting Plan:

SUBCONTRACTOR NAME	SUBCONTRACT AMOUNT
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -

On behalf of the above-referenced Company, I certify, under the penalty of perjury, that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in this certification or other information provided to the Mississippi State Port Authority may result in the termination of Company's contract and debarment, or prosecution.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF COMPANY REPRESENTATIVE