LOCAL and SMALL VENDOR PREFERENCE AFFIDAVIT OF ELIGIBILITY

City of Albuquerque Purchasing Division	One Civic Plaza – 7th Floor P.O. Box 1293 Room 7012 Albuquerque, NM 87103 Phone: (505) 768-3320 Fax: (505) 768-3355

Preference Type: (Check applicable preference/s) **[ ] Local-City Business** **[ ] Small Business**

Legal Name of Firm:	
Contact Person:	Telephone:
E-mail Address:	Fax:

Mailing Address:	Physical Address (if Different):

Number of full-time employees working in the city of Albuquerque:	Attach 941 Tax Form

□ **I certify my company meets the following qualifications to be eligible for local business preference:**
Maintains its principal office and place of business within the Greater Albuquerque Metropolitan Area (City of Albuquerque or Bernalillo County)

1. Such location is staffed with full-time employees.
2. Such location is open to the public on a regular basis.
3. The vendor is operating or performing its business from this location.
4. Note: A post office box shall not be considered a physical business address.

□ **I certify my company meets the following qualifications to be eligible for Small business preference:**

1. Meets the requirements for a Local Business Preference (see above).
2. Employs fewer than fifty (50) full-time employees in a calendar year as demonstrated by the attached 941 I.R.S. Tax Form

□ **I certify that under the penalty of perjury, the foregoing statements are true and correct. I also acknowledge that any person, firm, corporation or entity intentionally submitting false information to the city in an attempt to qualify for a local or small preference shall be prohibited from bidding on City of Albuquerque products and/or services for a period of up to three (3) years.**

Authorized Signature:_____
Date:_____

Printed Name:_____
Title:_____

ACKNOWLEDGMENT

State of New Mexico
County of _____

Signed and sworn to before me on _____ by _____.

_____
Notary My Commission expires on