



Cook County Government
VBE/SDVBE Certification
Reciprocal Affidavit

Firm Name _____ Contract # _____

Address _____ City _____

County _____ State _____ Zip _____

Phone _____ Email _____

I _____,
(Print Name) *(Print Title)*

of _____ do hereby affirm:
(Name of Firm)

1. _____ is a Veteran Owned Small Business (VOSB) or a
(Name of Firm)
Service-Disabled Veteran Owned Small Business (SDVOSB) currently certified by the State of
Illinois.

2. The average annual gross receipts of _____,
(Name of Firm)
as derived from tax filings over the five most recent years, does not exceed the Small Business Size
Standards published by the U.S. Small Business Administration found in Title 13, Code of Federal
Regulations, Part 121 for the NAICS codes for which _____
(Name of Firm)
was certified as a Veteran Owned Small Business (VOSB) or a Service-Disabled Veteran Owned
Small Business (SDVOSB)

Upon penalty of perjury, I _____ affirm that, to the best of my
(Print Name)

knowledge and belief, the information herein is true and accurate.

Signature _____ Title _____ Date _____

Subscribed and sworn to before me this _____ day of _____ / _____
(Month) *(Year)*

(Notary's Signature)

Notary's Seal

My Commission Expires _____