



STATE OF NORTH CAROLINA
 Small Business Enterprise Program
SBE Eligibility Complaint Form (Third Party)

Send completed form to: Office of Equal Opportunity &
 Workforce Services
 1511 Mail Service Center
 Raleigh, NC 27699-1511
 Fax: 919-733-3584

I have reason to believe that _____ (*enter name of firm*) does not meet the eligibility standards for a Small Business Enterprise. I believe this firm is ineligible for the following reasons:

I understand that I must have this form notarized before submitting it to your office..

 Signature

 Date

NOTE - AFFIDAVIT SHALL BE NOTARIZED

STATE OF: _____

COUNTY OF _____

I _____, A Notary Public for said State, County, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this _____ **day of** _____ **20** _____

 (Signature Owner/Officer)

 (Notary Signature)

Seal }

 My commission expires _____ **20** _____