



**MINORITY OWNED BUSINESS ENTERPRISES (MBE)
&
WOMEN-OWNED BUSINESS ENTERPRISES (WBE)
APPLICATION**

Dear Business Owner:

Thank you for your interest in becoming certified with the North Central Texas Regional Certification Agency (NCTRCA). NCTRCA represents several public entities in the Dallas/Fort Worth metroplex that are committed to minority and women business enterprises (MBE/WBE) participating in their government contracts and other procurement activities. NCTRCA is responsible for the implementation of the certification process for these entities and for ensuring that only firms that meet the eligibility criteria are certified as MBEs, or WBEs.

It is the responsibility of the applicant to submit the required documentation, which will be used to evaluate and assist in determining the firm's eligibility. Please complete the attached certification affidavit, sign it, notarize it and return it to us with all the supporting documentation required to the address below.

It is very important that all questions be answered and that all required documents be submitted in order for your firm to be evaluated accurately and promptly. If a question is not applicable, please insert not applicable (NA) on the line for that question.

The use of consultants or other business professionals does not guarantee a complete application or approval for certification. All certification decisions are made by the NCTRCA.

If you have any questions regarding the completion of the affidavit please give us a call at 817-640-0606 and we will be happy to provide assistance.

Respectfully Yours,

Agency Director

NORTH CENTRAL TEXAS REGIONAL CERTIFICATION AGENCY
624 Six Flags Drive, Suite 100
Arlington, Texas 76011
(817) 640-0606 phone
(817) 640-6315 fax
www.nctrca.org

DOCUMENTS TO BE SUBMITTED WITH A COMPLETED APPLICATION

The following documents must be submitted with the attached application form. Failure to provide the required documents will result in your application package being returned with no action taken. Please mark an "X" in the blank opposite each item submitted. Place "N/A" in the blank opposite those items which do not apply.

I. ALL FIRMS MUST PROVIDE THE FOLLOWING ITEMS:

MARK "X" IF SUBMITTED	INFORMATION REQUESTED	ACCEPTABLE PROOF
	Proof of u.s. citizenship or permanent residency status	Birth Certificate, U.S. Passport, Alien Resident Card, etc
	Proof of race / ethnicity	Birth Certificate, Tribal Card, MV License, etc
	Income tax returns for the firm	Three most recent years
	Resume of all owners and management staff	Work experience and Management experience
	Assumed name certificate	
	Copy of bank signature card (s)	Business/Commercial Account
	Proof of capital investment in firm	Cancel Check, Loans, Wire Transfers, etc
	Proof of equipment and real estate contribution	Title papers, Lease agreements, Mortgage, etc.
	Copy of rental or lease agreement for office space	
	Copy of licenses and/or permits	All Owners
Please explain on a separate sheet why you have not included any of the above requested information		

II. FOR A PARTNERSHIP; ADD:

MARK "X" IF SUBMITTED	INFORMATION REQUESTED
	Complete Copy Of Partnership Agreement Including Buyout Rights And Profit Sharing

III. FOR A CORPORATION AND/OR LLC; ADD:

MARK "X" IF SUBMITTED	INFORMATION REQUESTED
	Certificate Of Incorporation Or Organization
	Articles Of Incorporation Or Organization/Formation
	Copy Of Corporate Bylaws Or Regulations/Operating Agreement (executed by signature(s))
	Copy Of First And Last Corporate Meeting Minutes (executed by signature(s))
	Copy Of Any Minutes That Affect Ownership (executed by signature(s))
	Copy Of Stock Transfer Ledger and/or Stock
	Copy Of All Issued And Voided Stock Certificates (Inc) (executed by signature(s))
	Membership Certificates (LLC) (executed by signature(s))
	Proof Of Stock Purchase (Inc)

NORTH CENTRAL TEXAS REGIONAL CERTIFICATION AGENCY
 624 Six Flags Drive, Suite 100
 Arlington, Texas 76011

PLEASE CHECK THE CORRESPONDING BOX FOR YOUR SELECTED CERTIFICATION	
<p>MINORITY BUSINESS ENTERPRISE (MBE)</p> <p>Complete this application and all required documentation</p>	<p>A business which is at least 51% owned, managed and the daily business operations controlled by one or more minority individuals. Minority generally includes the following groups: American Indians, Aleuts, Asian-Pacific Americans, Black Americans, Eskimos, Hispanic Americans, Native Hawaiians and Subcontinent Asian Americans. <u>All ethnic female owned firms will be classified as an MBE.</u></p> <p>The City of Fort Worth requires this certification for a firm to count toward the M/WBE goal on most applicable City bids, proposals and tax incentive projects.</p>
<p>WOMAN BUSINESS ENTERPRISE (WBE)</p> <p>Complete this application and all required documentation</p>	<p>A business which is at least 51% owned, managed and the daily business operations controlled by one or more women owners.</p> <p>The City of Fort Worth requires this certification for a firm to count toward the M/WBE goal on most applicable City bids, proposals and tax incentive projects.</p>

GENERAL BUSINESS INFORMATION

1. Business Name			
Owner's Name			
Telephone Number	Fax Number	Mobile/Cell Number	
E-mail address		Internet Website / URL Address	
Alternate E-mail address		Alternate Contact Person	
2. Does this business use any other name(s)? Yes No		If yes, indicate name(s)	
3. Business Mailing Address			
City	State	County	Zip
4. Physical Address of Business			
City	State	County	Zip
5. Tax Identification Number	6. Date business was established under present name and ownership:		
7. Is this business a continuation of a pre-existing business? Yes No If yes indicate name(s)			
8. Indicate if this firm has previously been certified or participated as a DBE / MBE / WBE. Indicate the name of the certifying authority and provide a copy of the certification letter/certificate.	Certifying Authority	Address	Date

9. Is the business affiliated with another business? Yes No	If yes, list Name and Address of the affiliate firm.
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10. Business Structure <i>(CHECK ONE):</i>		PROPRIETORSHIP		PARTNERSHIP
		LIMITED LIABILITY (LLC)		GENERAL CORP. (INC.)
	CONCESSIONAIRE (To be considered an ACDBE you must complete the DBE application.)			

11. Please list three company and/or client references:

COMPANY	CONTACT PERSON	TITLE	TELEPHONE

12. Identify five or less of your major products/services

PRODUCT OR SERVICE	PROVIDE A BRIEF DESCRIPTION:
1.	
2.	
3.	
4.	
5.	

13. Does your firm share any resource(s) (office facilities, storage space, equipment, and personnel) with any other firms or individuals? Yes No

If yes explain:

14. What are the gross receipts of the firm for each of the last three years?

YEAR ENDING	GROSS RECEIPTS	NUMBER OF EMPLOYEES

15. Please identify the firms' ownership: (use additional sheet if more than three owners)

NAME	Ethnicity	Sex	Years of ownership	Ownership percentage	Voting percentage

16. Identify any owner or management official of the firm who is or has been an employee of another firm that has ownership interest or a present business relationship with your firm:

17. List the contribution of money, equipment, real estate and percentage of expertise for each owner

(please use an additional sheet of paper if necessary):

NAME	MONEY (\$)	EQUIPMENT (\$)	REAL ESTATE (\$)	EXPERTISE (%)

NOTE: SUBMIT DOCUMENTED PROOF OF CONTRIBUTION FIGURES LISTED UNDER MONEY, EQUIPMENT AND REAL ESTATE.

18. Is a license required for the product or service you provide? Yes No

If yes, list name of licensed individual(s) in your business (**submit a copy of license with application**):

19. Do you have bonding? Yes No If yes, how much? \$ _____

20. Identify those individuals in the firm (including owners and non-owners) who are responsible for the day-to-day management and policy decision-making including, but not limited to those with prime responsibility for:

AREA	NAME	ETHNICITY	SEX	TITLE
FINANCIAL DECISIONS				
MANAGEMENT DECISIONS				
ESTIMATING				
HIRING/FIRING OF MANAGEMENT PERSONNEL				
HIRING/FIRING OF FIELD PERSONNEL				
PURCHASING OF MAJOR ITEMS OR SUPPLIES				
SUPERVISION OF FIELD OPERATIONS				
PROJECT/BID SELECTION				
CONTRACT NEGOTIATION				
CONTRACT EXECUTION				

AFFIDAVIT

The undersigned swears/affirms that the foregoing information and statements are true and correct and include all material and information necessary to identify and explain the operations of _____ as well as the ownership thereof. (Name of Firm)

Further, the undersigned agrees to permit the Agency and/or U.S. Department of Transportation (DOT) as part of this certification process and thereafter to interview owners, principals, officers and employees; and to audit or examine books, records and files of the above firm. Furthermore, any of the public entities that are part of this agency reserve the right to reevaluate a firm's eligibility for certification.

If at any time the DOT or the Agency has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statement, the Agency may refer the matter to the General Counsel of DOT or take other action. The General Counsel may initiate debarment procedures in accordance with 41 CFR 1-1.604 and 12-1.062 and /or refer the matter to the Department of Justice under U.S.C. 1001, as the General Counsel deems appropriate.

NOTE: Under Title 18 U.S.C. Section 1001 and Title 15 U.S.C. Section 645, any person who misrepresents a firm's status as a small disadvantaged business concern or makes false statements in order to influence the certification process in any way to obtain a government contract, shall be subject to fines of up to \$500,000 and imprisonment of up to 10 years, or both.

The burden of proof of control and management of the business is on the applicant. The Agency reserves the right to request any additional information it deemed necessary to determine if a firm is certifiable. Failure to cooperate and/or provide requested information within the time specified is grounds for termination of the processing of your application for certification.

Name

Signature

Title

Date

Date _____ State of _____ County of _____

On this day before me appeared (name) _____ with proper identification, who being duly sworn, did execute the foregoing affidavit and did aver that he or she was properly authorized by (name of firm) _____ to execute this affidavit and did so as his or her free act/deed.

(SEAL)

Notary Public

Commission Expiration