



Statewide Uniform Certification Program

Application for Statewide Uniform Certification

Thank you for your interest in becoming certified with the Statewide Uniform Certification (SWUC) Program. By completing this application, you are requesting certification as a Historically Underutilized Business (HUB/MWBE), which includes such eligible individuals as ethnic minorities, women, disabled persons, and disadvantaged individuals. The certification granted through this Program is accepted by all state departments, local government entities, colleges and universities, and political subdivisions.

In order to qualify for inclusion in the Statewide Uniform Certification Program as a HUB/MWBE, your firm must be at least 51% owned and controlled by eligible individuals that are citizens or permanent residents of the United States. Your firm must be currently operational and exist for profit.

The following information is submitted to determine the eligibility status of a firm to participate as a HUB/MWBE in accordance with N.C.G.S. 143-128.4 and 143-48.4.

Section 1. General Information	
Name of Firm	
Contact Name	Title

Section 2. Company's Information	
Firm's Identification	
Legal Name of Firm	
<div>Method of Acquisition</div> <div><input type="checkbox"/> Started new business</div> <div><input type="checkbox"/> Bought existing business</div> <div><input type="checkbox"/> Merger or consolidation</div> <div><input type="checkbox"/> Inherited business</div> <div><input type="checkbox"/> Other</div>	
Firm's Relationship with Other Businesses	
Is your firm co-located at any of its business locations with any other business, organization, or entity? If yes, who?	
Does your firm, at any of its business locations, share a phone number, p.o. box, office space, yard, warehouse, facilities, equipment or office staff with any other business, organization, or entity? If yes, who?	
Do any of your immediate family members own or manage another company? If yes, explain.	

Has any other firm had an ownership interest in your firm at present or at any time in the past?

At present, or at any time in the past, has your firm:

- Been a subsidiary of another firm? Y or N
- Consisted of a partnership in which one or more of the partners are other firms? Y or N
- Owned a percentage of another firm? Y or N
- Had any subsidiaries? Y or N
- Operated under a franchise agreement? Y or N

Section 3. Ownership Information)

If there are more than two owners, attach a separate sheet.

Owner #1

Name		Title	Contact Phone #
# of shares owned	Initial Investment to Acquire Ownership <input type="checkbox"/> Cash: \$ _____ <input type="checkbox"/> Real Estate: \$ _____ <input type="checkbox"/> Equipment: \$ _____ <input type="checkbox"/> Expertise: \$ _____		
Are you a U.S. Citizen or permanent Resident alien of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you related by blood or marriage to any of the other owners? If yes, who?			
Do you own any other businesses?			
Do you perform a supervisory or management function for another firm?			
Do you work for any company, organization or entity that has a relationship with this firm?			
Identify the daily management functions for which you are responsible by placing a check mark in the appropriate box below:			
<input type="checkbox"/> Financial Decision making		<input type="checkbox"/> Office Management	
<input type="checkbox"/> Hiring/Firing of management personnel		<input type="checkbox"/> Field/Production Operations/Supervisor	
<input type="checkbox"/> Estimating and Bidding		<input type="checkbox"/> Purchasing of Major Equipment	
<input type="checkbox"/> Marketing / Sales		<input type="checkbox"/> Negotiating and Contract Execution	
<input type="checkbox"/> Authorized to make Financial Transactions		<input type="checkbox"/> Authorized to Sign Company Checks (For any purpose)	

Owner #2

Name		Title	Contact Phone #
# of shares owned	Initial Investment to Acquire Ownership <input type="checkbox"/> Cash: \$ _____ <input type="checkbox"/> Real Estate: \$ _____ <input type="checkbox"/> Equipment: \$ _____ <input type="checkbox"/> Expertise: \$ _____		
Are you a U.S. Citizen or permanent Resident alien of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you related by blood or marriage to any of the other owners? If yes, who?			
Do you own any other businesses?			

Do you work for any company, organization or entity that has a relationship with this firm?

<input type="checkbox"/> Financial Decision making	<input type="checkbox"/> Office Management
<input type="checkbox"/> Hiring/Firing of management personnel	<input type="checkbox"/> Field/Production Operations/Supervisor
<input type="checkbox"/> Estimating and Bidding	<input type="checkbox"/> Purchasing of Major Equipment
<input type="checkbox"/> Marketing / Sales	<input type="checkbox"/> Negotiating and Contract Execution
<input type="checkbox"/> Authorized to make Financial Transactions	<input type="checkbox"/> Authorized to Sign Company Checks (For any purpose)

Contribution/Asset	Dollar Value	From Whom Transferred	To Whom Transferred	Relationship	Date of Transfer

A. Officers of the Company and Board of Directors

	Name	Title	Date Appointed	Ethnicity	Gender
1. Officers of the Company					
2. Board of Directors					

Nature of Business Relationship: _____

B. Daily Management Functions)

Identify your firm's management personnel (non-owners) who control your firm in the following areas (If more than two persons, attach a separate sheet):

	Name	Title	Ethnicity	Gender
(1) Financial Decisions (<i>responsibility for acquisition of lines of credit, surety bonding, supplies, etc.</i>)				
(2) Estimating and bidding				
(3) Negotiating and Contract Execution				
(4) Hiring/firing of management				
(5) Field/Production Operations Supervisor				
(6) Office management				
(7) Marketing/Sales				
(8) Purchasing of major equipment				
(9) Authorized to Sign Company Checks (for any purpose)				
(10) Authorized to make Financial Transactions				
(11) Does your firm rely on any other firm for management functions or employee payroll? [] yes [] no If yes, explain.				

C. Professional Licenses

List current licenses /permits held by any owner and/or employee of your firm (e.g., contractor, engineer, architect, etc.)

Name of License or Permit Holder	Type of License/Permit	Expiration Date	License Number and State

Section 5. References

Please list two business references

Name: _____

Address:

Phone: _____

Name: _____

Address:

Phone: _____

Section 6. Other Certifications

Please check the agencies or certifications currently held by your firm.

☐ DBE (Any State Departments of Transportation)

☐ A National Affiliate of WBENC

☐ A National Affiliate of NMSDC

☐ A Local MWBE Certifying Agency

Agency: _____

Agency Phone: (____) _____ - _____

What is the date of your most recent site visit?

____ / ____ / ____

Performed by (Agency):

Contact Name:

Contact Phone: (____) ____ - _____