N.C. DEPARTMENT OF ADMINISTRATION

OFFICE FOR HISTORICALLY UNDERUTILIZED BUSINESSES (HUB OFFICE)
1336 Mail Service Center, Raleigh, NC 27699-1336 (919) 807-2330 Fax (919)-807-2335
Website: www.doa.nc.gov/hub Email Address: huboffice.doa@doa.nc.gov



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
Contact Name	Title
Section 2. 0	Company's Information
	dentification
Legal Name of Firm	
Method of Acquisition	
Started new business	
Bought existing business	
Merger or consolidation	
☐ Inherited business	
Other	
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 p facilities, equipment or office staff with any other business	
lacinities, equipment of office staff with arry other business	, organization, or entity: If yes, who:
	a speth or company O If you as you lain
Do any of your immediate family members own or manag	e 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 Acquir Cash: \$ Real Estate: \$			
Are you a U.S. Citizen or permanent Resident alien of the U.S.?	☐ Equipment: \$ ☐ Expertise: \$			
☐ Yes ☐ No				
Are you related by blood or marriage t	o any of the other owners? I	fves who?		
The you related by blood of marriage t	o any or the other owners:	r yes, who:		
Do you own any other businesses?				
Do you perform a supervisory or mana	agement function for another	firm?		
		1.6. 12. 20.0		
Do you work for any company, organ	ization or entity that has a re	elationship with th	is tirm?	
Identify the daily management function	s for which you are respons	ible by placing a	check mark in the appropriate box below:	
☐ Financial Decision making	is for which you are respons		Management	
☐ Hiring/Firing of management	nersonnel		oduction Operations/Supervisor	
	percernior		·	
☐ Estimating and Bidding				
Marketing / SalesAuthorized to make Financial	Transactions	 □ Negotiating and Contract Execution □ Authorized to Sign Company Checks (For any 		
Additionized to make i mandar	Transactions	☐ Authoriz	• • • • • • • • • • • • • • • • • • • •	
Owner #2		рагросс		
Name	Title		Contact Phone #	
# of shares owned	Initial Investment to Acquire Ownership Cash: \$ Real Estate: \$			
Are you a U.S. Citizen or permanent Resident alien of the U.S.? Tyes	□ Equipment: \$ □ Expertise: \$			
□ No				
Are you related by blood or marriage t	o any of the other owners? I	f yes, who?		
Do you own any other businesses?				

Do you perform a supervisor	ry or management function	for another	firm?				
Oo you work for any compan	y, organization or entity tha	at has a rela	ationship w	ith this firm?			
Identify the daily management	ont functions for which you	are recoon	sible by pla	acing a chack mark	in the appropriate	hov holow:	
☐ Financial Decision n		are respon		office Management	пт тте арргорпате	box below.	
☐ Hiring/Firing of management personnel				ield/Production Ope	erations/Sunerviso	r	
 Estimating and Bidd 				urchasing of Major		•	
☐ Marketing / Sales	, <u>g</u>						
Authorized to make Financial Transactions			□ Authorized to Sign Company Checks (For any				
			<u>ρ</u>	urpose)			
List all contributions or trans additional sheets if needed)		firm and to	/from any o	of its owners over the	he past two years (attach	
Contribution/Asset	ion/Asset Dollar Value From Wh Transferi				Relationship	Date of Transfer	
Officers of the Company		tional space	e is required			Gender	
Officers of the Company entify your firm's Officers &	Board of Directors (If addit	tional space		d, attach a separate Date Appoint		Gender	
Officers of the Company entify your firm's Officers & Officers of the	Board of Directors (If addit	tional space				Gender	
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Officers of the Company entify your firm's Officers & Officers of the Company Board of Directors	Board of Directors (If addit Name	tional space	itle	Date Appoint	ed Ethnicity	Gender	
Officers of the Company entify your firm's Officers & Officers of the Company Board of Directors Do any of the persons listed	Board of Directors (If addit	tional space Ti	cory function	for any other busines	ed Ethnicity	Gende	
Officers of the Company entify your firm's Officers & Officers of the Company Board of Directors Do any of the persons listed If Yes, identify for each: Persons	Board of Directors (If addit Name	tional space Ti	sory function	for any other busines	ed Ethnicity		
Officers of the Company entify your firm's Officers & Officers of the Company Board of Directors Do any of the persons listed If Yes, identify for each: Person Do any of the persons listed Do any of the persons listed	Board of Directors (If addit Name	nt or supervis	cory function tle:Function at has a rel-	for any other busines on: ationship with this firm	ed Ethnicity		
Officers of the Company entify your firm's Officers & Officers of the Company Board of Directors Do any of the persons listed If Yes, identify for each: Person Suppose the Person Suppose Space, financial investments	Board of Directors (If addit Name I above perform a management son:	nt or supervis ther firm(s) the sharing, et	cory function tle:Function tat has a relitc.)?[] Yes	for any other busines on: ationship with this firm	ed Ethnicity ss? [] Yes [] No	erest, shared of	

B. Daily Management Function	ons) ent personnel (non-owners) who co	entrol vour firm i	in the following areas	(If more than two	porcone	
identilly your littles manageme	attach a sepa	arate sheet):	ir trie following areas	(ii more man two	persons,	
(1) Financial Decisions (responsibility for acquisition of lines of credit, surety bonding, supplies, etc.)	Name /		Title	Ethnicity	Gender	
(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	d by any owner and/or employee o	f your firm (e.g.	contractor enginee	r 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 reference	ces					
Name:			Name:			
Address:		Address:				
Phone:		Phone:			_	

Section 6. Other Certifications	
Please check the agencies or certifications currently held by your firm.	What is the date of your most recent site visit?
☐ DBE (Any State Departments of Transportation)	/
☐ A National Affiliate of WBENC	Performed by (Agency):
A National Affiliate of NMSDC	
☐ A Local MWBE Certifying Agency	Contact Name:
Agency:	
Agency Phone: ()	Contact Phone: ()