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## **Small Business Enterprise Certification Application**

### **49 CFR Part 26**

#### **The Small Business Enterprise Certification is a race and gender-neutral program.**

All firms wishing to be certified as a Small Business Enterprise (SBE) must complete this application and submit it to Tar River Transit (TRT) for determination of their eligibility.

The application is subject to review and verification. Before a determination is made, it may be necessary for your firm to submit additional support documents to determine your certification eligibility.

Should I apply?

- A firm must be a small business as defined by the U.S. Small Business Administration (SBA) by applying current SBA business size standards found in 13 CFR Part 121 that are applicable to the type of work the firm seeks to perform in USDOT-assisted contracts.
- The firm's average annual gross receipts as defined by SBA regulations (averaged over the previous three fiscal years or part of the year which the business has been in existence), cannot exceed the amount set forth in 49 CFR 26.65.
- The firm's average gross receipts cannot exceed the overall USDOT size standard for a small business (\$23.98 million averaged over the three previous fiscal years or part of year which the business has been in existence).
- At least 51% of the firm's ownership must be held by individuals who meet the personal net worth (PNW) cap of \$1.32 million as prescribed by 49 CFR 26.67;
- A firm must be organized for profit to be eligible for SBE certification; and
- The owner must be a U.S. Citizen or lawfully admitted permanent resident of the US.

If you answered "Yes" to all the questions above, you may be eligible to participate in the U.S. DOT SBE Program.

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A firm that is currently certified as a DBE by the North Carolina Unified Certification Program (NCUCP) will automatically be certified as SBE. Under Sec. 26.107 of 49 CFR Part 26, dated February 2, 1999, if at any time, the Department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Department may initiate suspension or debarment proceedings against the person or firm under 49 CFR Part 29, take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.

## TAR RIVER TRANSIT (TRT) SMALL BUSINESS ENTERPRISE APPLICATION (SBE)

### GENERAL INFORMATION

Is your firm a "for profit"      Yes \_\_\_\_\_      No \_\_\_\_\_

If your firm is NOT for-profit, then you do NOT qualify for this program.

#### **A. Contact Information**

Contact Person and Title: \_\_\_\_\_ Legal Name of Firm: \_\_\_\_\_

Phone# \_\_\_\_\_ Other Phone# \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### **B. Prior/Other Applications**

Has your firm (under any name) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application, been denied certification, decertified, debarred, suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity?

Yes, on \_\_\_/\_\_\_/\_\_\_      No \_\_\_\_\_

If Yes, identify State and name of state, local, or Federal agency and explain the nature of action:

**C. Business Profile**

1. Describe the primary activities of your firm including NAICS codes: \_\_\_\_\_
2. Federal Tax ID: \_\_\_\_\_
3. The Firm was established on \_\_\_/\_\_\_/\_\_\_
4. I/We have owned this firm since: \_\_\_/\_\_\_/\_\_\_
5. Method of acquisition (check all that apply)

Started New Business                       Bought Existing Business                       Inherited Business  
 Secured concession                       Merger or consolidation                       Other (Explain)

6. Type of firm (check all that apply)

Sole Proprietorship                       Partnership                       Corporation                       Limited Liability Partnership  
 Limited Liability Company                       Joint Venture

7. Has your firm ever existed under different ownership, a different type of ownership, or a different name?                       Yes                       No

If Yes, explain

8. Number of employees:                      Full-Time \_\_\_\_\_                      Part-Time \_\_\_\_\_  
Total \_\_\_\_\_

**D. Relationships with Other Businesses**

1. Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff, with any other business, organization, or entity?

Yes                       No

If Yes, identify Other Firm's name: \_\_\_\_\_

Explain nature of shared facilities:

2. At present, or at any time in the past, has your firm:
- a) been a subsidiary of any other firm?    \_\_\_Yes \_\_\_No
  - b) consisted of a partnership in which one or more of the partners are other firms? \_\_\_Yes \_\_\_No
  - c) owned any percentage of any other firm?        \_\_\_Yes \_\_\_No
  - d) had any subsidiaries?    \_\_\_Yes \_\_\_No

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

      \_\_\_Yes                            \_\_\_No

4. If you answered "Yes" to any of the questions in (2) (a)-(d) and/or (3), identify the following for each (attach extra sheets, if needed):

<u>Name</u>	<u>Address</u>	<u>Type of Business</u>
1.		
2.		

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### OWNERSHIP

**E. Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below:**

**Owner**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home Address (street and number): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

U.S. Citizen: \_\_\_Yes \_\_\_No Lawfully Admitted Permanent Resident: \_\_\_Yes \_\_\_No

Number of years as owner: \_\_\_\_\_

Percentage owned: \_\_\_\_\_

Initial investment to acquire ownership interest in firm:

Type                      Dollar Value

Cash                         \$

Real Estate                \$

Equipment                \$

Other                        \$

Shares of Stock:      Number      Percentage      Class      Date                      Method Acquired

Does this owner perform a management or supervisory function for any other business?

Yes       No

If Yes, identify:      Name of Business: \_\_\_\_\_

Function/Title: \_\_\_\_\_

Does this owner own or work for any other firm(s) that has a relationship with this firm?

Yes       No

If Yes, identify:      Name of Business: \_\_\_\_\_

Function/Title: \_\_\_\_\_

**CONTROL**

**F. Identify your firm's Officers (If additional space is required, attach a separate sheet):**

Name	Title	Date Appointed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**G. Identify your firm's Board of Directors (If additional space is required, attach a separate sheet):**

Name	Title	Date Appointed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**H. Identify your firm's Management Personnel (If additional space is required, attach a separate sheet):**

Name	Title	Date Appointed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any of the persons listed above perform a management or supervisory function for any other business? \_\_\_Yes \_\_\_No

If Yes, identify for each: Person \_\_\_\_\_ Title \_\_\_\_\_

Business \_\_\_\_\_ Function \_\_\_\_\_

Do any persons listed above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, share office space, financial investments, equipment, leases, personnel sharing, etc.)? \_\_\_Yes \_\_\_No

If Yes, identify for each: Firm Name \_\_\_\_\_ Person \_\_\_\_\_

Nature of Business Relationship: \_\_\_\_\_

**I. Indicate your firm's inventory in the following categories (attach additional sheet if necessary):**

**Equipment:**

Type \_\_\_\_\_ Make/Model \_\_\_\_\_ Current Value \_\_\_\_\_

Owned or leased? \_\_\_\_\_

Type \_\_\_\_\_ Make/Model \_\_\_\_\_ Current Value \_\_\_\_\_

Owned or leased? \_\_\_\_\_

Type \_\_\_\_\_ Make/Model \_\_\_\_\_ Current Value \_\_\_\_\_

Owned or leased? \_\_\_\_\_

**Vehicles**

Type \_\_\_\_\_ Make/Model \_\_\_\_\_ Current Value \_\_\_\_\_

Owned or leased? \_\_\_\_\_

Type \_\_\_\_\_ Make/Model \_\_\_\_\_ Current Value \_\_\_\_\_

Owned or leased? \_\_\_\_\_

Type \_\_\_\_\_ Make/Model \_\_\_\_\_ Current Value \_\_\_\_\_

Owned or leased? \_\_\_\_\_

**Office Space**

Street Address \_\_\_\_\_

Owned or leased \_\_\_\_\_ Current Value of Property or Lease \_\_\_\_\_

Street Address \_\_\_\_\_

Owned or leased \_\_\_\_\_ Current Value of Property or Lease \_\_\_\_\_

Street Address \_\_\_\_\_

Owned or leased \_\_\_\_\_ Current Value of Property or Lease \_\_\_\_\_

**Storage Space**

Street Address \_\_\_\_\_

Owned or leased \_\_\_\_\_ Current Value of Property or Lease \_\_\_\_\_

Street Address \_\_\_\_\_

Owned or leased \_\_\_\_\_ Current Value of Property or Lease \_\_\_\_\_

Street Address \_\_\_\_\_

Owned or leased \_\_\_\_\_ Current Value of Property or Lease \_\_\_\_\_



**J. Does your firm rely on any other firm for management functions or employee payroll?**

\_\_\_Yes      \_\_\_No

If Yes, explain:

**K. Financial Information**

Banking Information:

Name of bank: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**L. Identify all sources, amounts and purposes of money loaned to your firm, including the names of any persons or firms securing the loan, if other than the listed owner:**

Name of Source \_\_\_\_\_ Address of Source \_\_\_\_\_

Name of Person Securing the Loan \_\_\_\_\_

Original Amount \_\_\_\_\_ Current Balance \_\_\_\_\_

Purpose of Loan \_\_\_\_\_

Name of Source \_\_\_\_\_ Address of Source \_\_\_\_\_

Name of Person Securing the Loan \_\_\_\_\_

Original Amount \_\_\_\_\_ Current Balance \_\_\_\_\_

Purpose of Loan \_\_\_\_\_

**M. List current licenses/permits held by any owner and/or employee of your firm (e.g., contractor, engineer, architect, etc. Attach additional sheets if needed):**

Name of License/Permit Holder \_\_\_\_\_

Type of License/Permit \_\_\_\_\_ Expiration Date \_\_\_\_\_

License Number and State \_\_\_\_\_

Name of License/Permit Holder \_\_\_\_\_

Type of License/Permit \_\_\_\_\_ Expiration Date \_\_\_\_\_

License Number and State \_\_\_\_\_

Name of License/Permit Holder \_\_\_\_\_

Type of License/Permit \_\_\_\_\_ Expiration Date \_\_\_\_\_

License Number and State \_\_\_\_\_

**N. List the three largest contracts by your firm in the past three years, if any:**

Name of Owner/Contractor \_\_\_\_\_

Name/Location of Project \_\_\_\_\_

Type of Work Performed \_\_\_\_\_

Dollar Value of Contract \_\_\_\_\_

Name of Owner/Contractor \_\_\_\_\_

Name/Location of Project \_\_\_\_\_

Type of Work Performed \_\_\_\_\_

Dollar Value of Contract \_\_\_\_\_

Name of Owner/Contractor \_\_\_\_\_

Name/Location of Project \_\_\_\_\_

Type of Work Performed \_\_\_\_\_

Dollar Value of Contract \_\_\_\_\_

**O. List the three largest active jobs on which your firm is currently working:**

Name of Prime Contractor and Project Number \_\_\_\_\_

Location of Project \_\_\_\_\_

Type of Work \_\_\_\_\_

Project Start Date \_\_\_\_\_ Anticipated Completion Date \_\_\_\_\_

Dollar Value of Contract \_\_\_\_\_

Name of Prime Contractor and Project Number \_\_\_\_\_

Location of Project \_\_\_\_\_

Type of Work \_\_\_\_\_

Project Start Date \_\_\_\_\_ Anticipated Completion Date \_\_\_\_\_

Dollar Value of Contract \_\_\_\_\_

Name of Prime Contractor and Project Number \_\_\_\_\_

Location of Project \_\_\_\_\_

Type of Work \_\_\_\_\_

Project Start Date \_\_\_\_\_ Anticipated Completion Date \_\_\_\_\_

Dollar Value of Contract \_\_\_\_\_