



**Unified Certification Program
Disadvantaged Business Enterprise Program**

Three Year Certification Review Application

Instructions: This form is submitted to satisfy the requirement for a three year certification review with the Unified Certification Program. Complete the form in its entirety and ensure it is signed by each owner and notarized. Submit completed form to NCDOT, Contractual Services Unit Attn.: UCP, 1511 Mail Service Center, Raleigh, NC 27699-1511

1.	Name of Firm	_____					
2.	Type of Business Entity	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____					
3.	Federal Tax ID (or SSN)	<input type="checkbox"/> FEIN: _____ <input type="checkbox"/> SSN: _____					
4.	Mailing Address of Firm	_____ _____					
5.	Street Address (if different from above)	_____ _____					
6.	Contact Name	_____					
7.	Contact Numbers	Telephone	_____				
		Home	_____				
		Fax	_____				
		Cell	_____				
		Pager	_____				
8.	Identify all individuals who own or share ownership in this firm.						
		Name	Race	Gender	Ownership Percentage	Voting Percentage	# Years of Ownership
9.	Gross Receipts for previous year	\$ _____ year _____					
10.	Number of Employees	Full time	_____			Part time	_____

11.	Identify all individuals (owners and non-owners) who are responsible for the firm's day-to-day management, including, but not limited to, those with primary responsibility for:				
		Name	Title	Ethnicity	Gender
Financial Decisions (<i>responsibility for acquisition of lines of credit, surety bonding, supplies, etc.</i>)	a.				
	b.				
Estimating and bidding	a.				
	b.				
Negotiating and Contract Execution	a.				
	b.				
Hiring/firing of management personnel	a.				
	b.				
Field/Production Operations Supervisor	a.				
	b.				
Office management	a.				
	b.				
Marketing/Sales	a.				
	b.				
Purchasing of major equipment	a.				
	b.				
Authorized to Sign Company Checks (for any purpose)	a.				
	b.				
Authorized to make Financial Transactions	a.				
	b.				
12.	List any license(s) under which the firm is currently operating	<hr/> <hr/> <hr/>			
13.	List the types of work your company performs	<hr/> <hr/> <hr/> <hr/> <hr/>		<hr/> <hr/> <hr/> <hr/> <hr/>	
14.	List any equipment the company owns or leases that is used to perform the types of work listed above	<hr/> <hr/> <hr/> <hr/> <hr/>		<hr/> <hr/> <hr/> <hr/> <hr/>	
15.	Identify your firm's Officer and Board of Directors (If additional space is required, attach a separate sheet)				
		Name	Title	Date Appointed	Ethnicity
Officers of the Company	(a)				
	(b)				
	(c)				
	(d)				
	(e)				
Board of Directors	(a)				
	(b)				
	(c)				
	(d)				
	(e)				

Affidavit of Certification

A material or false statement or omission made in connection with the application is sufficient cause for denial of certification, revocation of a prior approval, initiation of suspension or debarment proceedings, and may subject the person and/or entity making the false statement to any and all civil and criminal penalties available pursuant to applicable federal and state laws.

I _____ (full name), swear or affirm under penalty of law that I am _____ (title) of applicant firm _____ (firm name) and that I have read and understand all of the questions in the application and that all of the foregoing information and statements submitted in the application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions in are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities, and pertinent history of the named firm as well as the ownership, control, affiliations thereof.

I recognize that the information submitted in the application is for the purpose of obtaining certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of the books records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its place(s) of business and equipment, and to permit interviews of principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete, and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the recipient agency or Unified Certified Program (UCP) of any material change in the information contained in the original application within 30 days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in the application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state laws concerning false statement, fraud or other applicable offenses.

I declare under penalty of perjury that the foregoing is true and correct.

Signature of owner, officer, or partner _____ Date (mm/dd/yy) _____

I declare under penalty of perjury that the information provided in the application and supporting documents relating to my disadvantaged status and me is true and correct.

Print Name: _____ Signature: _____ Date: _____

NOTARY CERTIFICATE	
STATE OF _____	
	} SS:
COUNTY OF _____	
Subscribed and sworn to before me the _____ day of _____, 20 _____.	
Signature of Notary Public _____	Printed/typed name of Notary Public _____
County of residence _____	Date commission expires _____