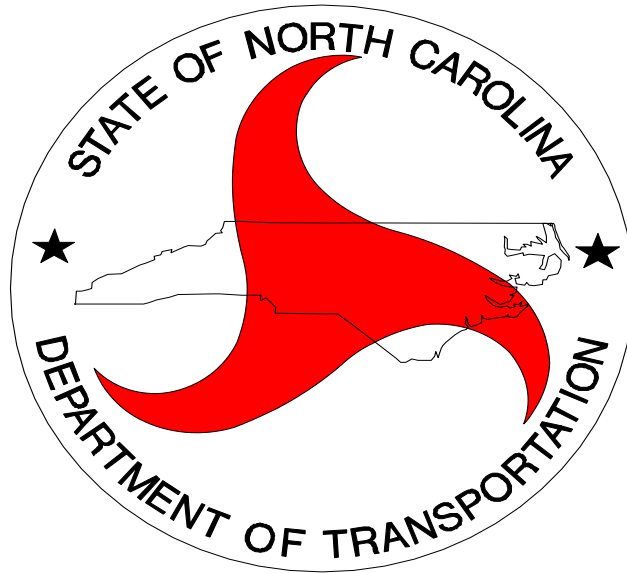


# **Small Business Enterprise Program Guidelines**



## **FOR NEW APPLICANTS AND RENEWALS**

November 2017

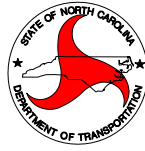


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**Policy Statement**

It is the policy of the North Carolina Department of Transportation to ensure non-discrimination on the basis of race, religion, color, creed, national origin, sex, handicapping condition or age in the award and performance of its contracts. The Department is committed to creating an environment in which small businesses can complete fairly for contracts financed with state funds under the Small Business Enterprise Program. The Department will take all reasonable and necessary steps to ensure equal opportunity in the administration of the SBE program.

A copy of this program document containing the approved policy and guidelines is available for review by any interested individual at the following location and at the following web link: <http://www.ncdot.org/business/ocs/sbe/>:

Mail Address:  
Office of Civil Rights  
1511 Mail Service Center  
Raleigh, North Carolina 27699-1511

Delivery Address:  
SBE Certification  
Office of Civil Rights NCDOT  
1 South Wilmington Street Raleigh, North Carolina 27611  
Fax: 919-733-3584

Direct questions or requests for additional information regarding the SBE program to the SBE Certification Officer or the Office of Civil Rights at (919)508-1885 or 1-877-650-0130.

\_\_\_\_\_  
James H. Trogdan III  
Secretary of Transportation

\_\_\_\_\_  
Date

\_\_\_\_\_  
Rodger Rochelle, PE  
Technical Services Administrator

\_\_\_\_\_  
Date

### **Purpose**

The Small Business Enterprise (SBE) Program was developed to provide contract opportunities by which small firms will be able to compete against others that are comparably positioned in their industries and markets. This program enables smaller businesses the opportunity to participate in department contracts if they meet the eligibility standards included in this document.

### **Authority**

The SBE program was created by G.S. 136-28.10 Highway Fund and Highway Trust Fund Small Project Bidding. It reads as follows:

- (a) Notwithstanding the provisions of G.S. 136-28.4(b), for Highway Fund or Highway Trust Fund construction and repair projects of five hundred thousand dollars (\$500,000) or less, and maintenance projects of five hundred thousand dollars (\$500,000) or less per year, the Board of Transportation may, after soliciting at least three informal bids in writing from Small Business Enterprises, award contracts to the lowest responsible bidder. The Department of Transportation may identify projects likely to attract increased participation by Small Business Enterprises, and restrict the solicitation and award to those bidders. The Board of Transportation may delegate full authority to award contracts, adopt necessary rules, and administer the provisions of this section to the Secretary of Transportation.
- (b) The letting of contracts under this section is not subject to any of the provisions of G.S. 136-28.1 relating to the letting of contracts. The Department may waive the bonding requirements of Chapter 44A of the General Statutes and the licensing requirements of Chapter 87 for contracts awarded under this section.
- (c) The Secretary of Transportation shall report quarterly to the Joint Legislative Transportation Oversight Committee on the implementation of this section. (1993, c. 561, s. 65; 1999-25, s.1; 2009-266, s.2.)

The Federal Register / Vol. 76, No. 19 / Friday, January 28, 2011 / Rules and Regulations adopted the Final Rule for Disadvantaged Business Enterprise: Program Improvements. This Final Rule that became effective February 28, 2011, identified that federal recipients must add an element to their Disadvantaged Enterprise Program (DBE) to foster small business participation in contracts. NCDOT submitted their current State SBE program in February 2012 and it was approved in July 2012 by the USDOT. The approved Federal SBE program follows the same criteria as the State program contained in this document.

## History

The SBE Program is a race-neutral program established by Senate Bill 26, Section 65 of the 1993 session of the General Assembly. The program was approved by the Board of Transportation in December 1993 and established by the Department in March 1994.

The Federal SBE program, stated within this document, was approved by the USDOT in July 2012.

## Program Administration Requirements

SBE projects shall meet typical Department standards for quality and performance. With the exception of contract letting and other specified requirements as listed in the General Statutes, SBE projects are administered in accordance with the *North Carolina Department of Transportation Standard Specifications for Roads and Structures*, Standard Special Provisions, and contract documents.

In accordance with General Statutes 136-28.10, a NC General Contractor's license may be waived for SBE contracts unless otherwise specified.

In accordance with General Statutes 136-28.10, contract payment and performance bonds may be waived unless otherwise specified.

Prime SBE contractors must follow “Division 1 – General Requirements of the Standard Specifications for Roads and Structures”, with the exception of the contractor prequalification requirement in Section 102-2.

Subcontractors on SBE contracts either shall be a SBE, or prequalified as a bidder or subcontractor with NCDOT.

Only those SBE firms with current SBE certification may submit a bid on a project advertised for SBE firms unless there is an exception in the advertisement of the project.

Typical work that may be let under the SBE Program includes, but is not limited to: grubbing, clearing and grading; hauling stone and other materials; erosion control; paint striping; drainage (pipe, curb and gutter, catch basin, etc.); signal installation; landscape planting; fencing; guardrail; bus stop modifications and repair; structural component parts of ferries (i.e. passenger lounges, galleys, crews quarters, pilot houses, restrooms); sub-component parts of ferries (i.e. ladders, stairways, elevator shafts, stanchions, handrails, various foundations for both propulsion and other related machinery); and renovating of ferries including tugs and barges.

**Acronyms and Definitions used in this document:**

<b>SBE</b>	Small Business Enterprise; refers to program and participants
<b>Race-neutral</b>	Measure or program in which goals are not consciously set in order to achieve significant participation by historically underutilized groups. In a race neutral program, other methods are used to achieve participation, i.e., aggressive outreach, targeted advertising, unbundling of work items, etc. Race neutral includes gender neutrality.
<b>NCDOT/Department</b>	North Carolina Department of Transportation
<b>Secretary</b>	The appointed official head of NCDOT, a member of the NC Governor's Cabinet
<b>Contractual Services Unit</b>	The group that is responsible for certification, policy development, and general program management for the SBE Program.
<b>Division</b>	One of the fourteen highway groups segmented by county lines within the State, or the alternate modes of transportation divisions (Aviation, Ferry, Transit, Rail, or Bike and Pedestrian) that administer the SBE Program.
<b>Contract Administrator</b>	Entity responsible for administering the SBE contract and ensuring that the work complies with the SBE program.
<b>Shall</b>	The word "shall" is used to relay an absolute requirement for the contractor.
<b>Will</b>	The word "will" is used to relay responsibility of the Department.

### **Discriminatory Actions**

- (a) The Department will not exclude any person from participation in, deny any person the benefits of, or otherwise discriminate against anyone in connection with the award and performance of any contract covered by this program on the basis of race, religion, color, creed, national origin, sex, handicapping condition or age.
- (b) The Department will not directly, or through contractual or other arrangements, use criteria or methods of administration that have the effect of defeating or substantially impairing accomplishment of the objectives of the program with respect to individuals of a particular race, religion, color, creed, national origin, sex, handicapping condition or age.

### **Program Goals**

The SBE Program is a race, ethnicity, and gender-neutral program. Participation in the SBE program is available exclusively to those firms that meet the program standards contained in this document with no regard to the individual characteristics (i.e. race, ethnicity, gender) of the owner.

### **Eligibility**

Any small business established for profit, and meets the program standards outlined herein is eligible to participate in the NCDOT's SBE Program.

### **Contractor SBE Standards**

After reading the contents of this document, a firm meeting *all the standards* herein is encouraged to submit on the forms shown in the back of this document or from the following website: <http://www.ncdot.org/business/ocs/sbe/> in order to be on the Department's list of SBE Contractors.

The firms applying must certify that they comply with all these requirements. False statements could result in all applicable civil and criminal penalties being imposed, including but not limited to the firm being barred from doing business with NCDOT.

#### *SBE Standards:*

A small firm shall use the following standards to determine if it qualifies for SBE certification.

- (a) *Size:* The business shall have an annual net income of not more than \$1,500,000, after "Cost of Goods Sold" is deducted. Cost of goods sold as referenced specifically by label on a U.S. Income Tax Return, is the sole qualifying deduction that is allowed to reduce

the gross receipts. Contract Labor or other costs of doing business that are not included in the final cost of goods sold figure cannot be deducted to reduce the firm's gross receipts.

- (b) *Independence:* The firm shall be independent as indicated by the absence of control or influence of a non-qualifying firm. The firm shall be free of such items as shared personnel, facilities, equipment, financial or other resources. The firm shall also be free of affiliation including common ownership, common management, and contractual relationships with non-qualifying firms, as well as current SBE qualified firms. Possessing multiple SBE firms under one company name (i.e. "spin off" companies) with shared management, personnel, facilities, equipment, financial or other resources is prohibited in the program.
- (c) *Integrity:* The Department will consider whether a firm has exhibited a pattern of conduct indicating its involvement in attempts to evade or subvert the intent or requirements of the SBE program. Examples include, but are not limited to:
  - (1) A firm that would otherwise be deemed ineligible establishes other firms for the distinct purpose of meeting the size requirement and participating in the SBE Program.
  - (2) A SBE firm that bids and is awarded a project with the intent to sublet all of the work to another SBE-qualified or non-qualified firm.
  - (3) A SBE firm consistently bids and is awarded contracts but does not own or have independent access to equipment or resources necessary to perform the work.
- (d) *Existing For-Profit Business:* The firm shall be a bona fide existing business that performs work for the purpose of making a profit. A newly formed firm may be certified. Not-for-profit organizations are not eligible to be certified as SBEs.
- (e) *Cooperation:* SBE firms and firms seeking SBE certification shall cooperate fully with the Department's requests for information relevant to the certification process. Failure or refusal to provide such information may result in denial or removal of certification.
- (f) *Other:* Firms that are found ineligible for participation, or have otherwise been prohibited from participation, may apply for certification after the disqualifying condition(s) cease to exist. The Department will evaluate the eligibility of a firm on the basis of present circumstances.



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### Obtaining Forms

- (a) Forms, Change Forms, Information Change Request Form, Substitute W-9 Form, Renewals, and Complaint Forms for the SBE Program may be obtained from the website address <http://www.ncdot.org/business/ocs/sbe/>, through the SBE Program Manager at 919-508-1885, 1-877-650-0130, or at the back of this document.

### Submitting Forms

- (a) *Submittal:* Forms may be submitted directly to the SBE Program Manager at the addresses shown under the Policy Statement.
- (1) Submit forms completed entirely, with proper notarization. Do not leave blanks; use N/A if not applicable.
  - (2) Submit forms via facsimile with an ink-stamped notary seal only.
  - (3) Submit in .pdf finished format when sent electronically.

Whether or not a firm meets the eligibility standards, a letter will be sent to the applicant telling them of their status in the SBE program.

- (b) *Incomplete forms:* Incomplete forms will be returned to the applicant. An incomplete form is one in which the basic identifying information such as, but not limited to, the types of work, county information, tax identification, or license number, is not provided.

- (c) (1) *Information Change Request Form*  
Submit an *Information Change Request Form* to the SBE Program Manager for any change in information of the firm in circumstances affecting a firm's ability to meet size, independence, profitability status, or any other requirements of this program or any material change in the information provided in the application form, within 30 days of the occurrence of the change.

This form should also be used if the information provided in the on-line Transportation Directory is not correct.  
(<https://apps.dot.state.nc.us/vendor/directory/default>)

- (2) *Substitute W-9 form*  
Firms that submit requests for changes to the firm's or owner's federal tax identification number shall submit such change on the Department's *Substitute W-9 form*.
- (d) *Annual Renewal*
- (1) Each year on the anniversary of the original SBE acceptance date, submit a new form that declares the business meets the certification standards of this program. As a courtesy, the Department will send a reminder letter about 2 weeks prior to the anniversary date. However, the SBE is

responsible for submitting the new form by the anniversary date, whether or not the reminder letter is received.

- (2) If the firm meets the eligibility standards, the Department will send an acceptance letter with the new expiration date.
- (3) If the documentation *has not* been received by the anniversary date the firm's SBE certification will be removed.
- (4) Firms that are found ineligible for participation, or have otherwise been prohibited from participation, may resubmit for consideration after the disqualifying condition ceases to exist.
- (5) If a firm has been decertified for failure to cooperate because the requested forms were not submitted timely, the firm may resubmit at its discretion.

(e) *Complaint Form*

If a third party has reason to believe that a SBE is not eligible for the SBE status, it may submit an SBE Eligibility Complaint Form. The form may be downloaded at the following web link: <http://www.ncdot.org/business/ocs/sbe/>, or found at the back of this document. After an investigation, the complainant will be notified by mail of the status and results of the investigation.

Third party complaint forms should be sent to the Office of Civil Rights at 1511 Mail Service Center, Raleigh, NC 27699-1511, Attention SBE & Mobility Officer.

If, based on notification by the firm of a change in its circumstances or other information that comes to the Department's attention, it is determined that there is cause to question the firm's eligibility in the program, the Department reserves the right to investigate the company for compliance.

### **Cooperation**

All participants in the Department's SBE program, including but not limited to SBE firms and applicants for SBE certification, and complainants shall cooperate fully and promptly with the Department in certification reviews, compliance reviews, investigations, and other requests for information. If firms do not provide the requested documentation within the required time frame, the firm's SBE certification will be removed.

### Audits

In 2008, the Department established a random audit procedure of SBE firms. The audit will consist of a request for information to validate the requirements of the SBE program. If an SBE does not provide the requested documentation within the required time frame, the firm's SBE certification will be removed. The firm will remain out of the program until the required information is submitted and found in compliance with the program's eligibility requirements.

### Removal of SBE Status

(a) The firm's SBE certification may be removed for, but not limited to, any of the following reasons:

- Exceeding the gross receipt limit
- Failing to cooperate with the Department's request for information
- Attempting to evade or subvert the intent of the SBE program
- Failure to perform a contract in accordance to the *Standard Specifications for Roads and Structures*
- Submission of fraudulent or falsified information
- If removed from bidding as a prime or subcontractor on NCDOT projects,
- As a result of a directive from the department.

(b) Removal Appeal Process

If firm's SBE certification is removed, the firm will be notified by letter from the Department stating the reason for the removal, the appeal rights, procedure, and the timeline for a response if the firm feels the removal is unjustified.

### **Appeals Process for Denial or Decertification of an SBE**

The appeal process may be initiated by the applicant upon receipt of an initial denial or removal letter sent by the Department. The letter will explain to the applicant why the application was denied, provide appeal procedures, and a timeline to appeal. The applicant shall inform the State Contractual Services Engineer *in writing* of the intent to appeal the denial or removal decision *within 30 days* from the date shown on the denial or removal letter.

The State Contractual Services Engineer will inform the firm of a date and time that is convenient for both parties to present any additional information in person or via documentation submittal for further review.

If the decision is reversed on a denial or removal, a letter will be sent to the applicant, and the effective listing date will be shown in the letter

If the decision is upheld by the Appeals Committee, a letter will be sent to the applicant stating the decision. This decision will be considered final within the Department.

### **Directory**

- (a) The Department will maintain an electronic directory (Directory) identifying all firms eligible to participate as an SBE. The on-line directory will be available at <https://partner.ncdot.gov/VendorDirectory/default.html>.
- (b) Changes in the Directory: The SBE firm shall be responsible for reviewing and ensuring the information provided in the Directory is accurate. For changes to the information displayed on the Directory, the firm shall submit an *Information Change Request Form* to the Office of Civil Rights, Attention: SBE Program Manager.

### **Compliance and Enforcement**

Any person who believes the Department has failed to comply with its obligations under these guidelines may file a written complaint with the Technical Services Administrator. The complaint shall be filed no later than 90 days after the date of the alleged violation or the date on which the SBE learned of a continuing course of conduct in violation of these guidelines. In response to the written request, the Technical Services Administrator may extend the time for filing, specifying in writing the reason why.

**Appendices**

- Small Business Enterprise (SBE) Form
- SBE Eligibility Complaint Form
- Information Change Request
- Substitute Form W-9

State of North Carolina
Department of Transportation



Small Business Enterprise (SBE) Form

Send completed form to:

Office of Civil Rights
ATTN: SBE Program Manager
1511 Mail Service Center
Raleigh, NC 27699-1511 Fax:
919-733-3584

(Name of Business)

(Owner's Name - First Middle Last)(Title)

(Street address) (City) (State) (Zip)

(Mailing address if different from the Street Address) (City) (State) (Zip)

(Business Telephone) (Fax Number) ()

(Email Address) (FEDERAL TAX I.D. NUMBER/ SOCIAL SECURITY NUMBER)

Is your business affiliated with any other firm(s)? Yes \_\_\_ No \_\_\_: If Yes, list company: \_\_\_\_\_

A Business with an annual gross income over \$1.5 million (exclusive of materials) is not eligible to participate in the North Carolina Department of Transportation (NCDOT) Small Business Enterprise (SBE) Program.

I hereby certify that the Business listed above meets the criteria for the NCDOT Small Business Enterprise Program in accordance with the NCAC and Small Business Enterprise Program Guidelines. Insurance as required by NCDOT shall be in the name of the Business and certificate of insurance shall be attached to the contract proposal as required. The above Business shall have its own financial resources. Information submitted may be subject to verification by NCDOT. False statements on this application or in contract submittals may result in all applicable civil and criminal penalties being imposed, including but not limited to the above firm being barred from doing business with NCDOT.

The Business shall comply with all terms and conditions of any contract awarded. The contract consists of, but is not necessarily limited to the proposal or "bid" submitted, the plans for the project, the specifications for the project and any supplemental agreements entered into.

NOTE - AFFIDAVIT SHALL BE NOTARIZED

STATE OF: \_\_\_\_\_
COUNTY OF \_\_\_\_\_
I \_\_\_\_\_, A Notary Public for said State, County, do hereby certify that
\_\_\_\_\_ personally appeared before me this day and acknowledged the
due execution of the foregoing instrument.
Witness my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_
(Signature Owner/Officer) (Notary Signature) Seal }
My commission expires \_\_\_\_\_ 20\_\_\_\_

State of North Carolina  
Department of Transportation



**Small Business Enterprise  
Form**

Send completed form to:

Office of Civil Rights  
ATTN: SBE Program Manager  
1511 Mail Service Center  
Raleigh, NC 27699-1511

**Directions:** Indicate the type(s) of work your firm is interested in bidding on:

**Hauling**

- Hauling (Asphalt)
- Hauling (Gravel, sand, debris, etc – not asphalt)

**Landscaping and Erosion Control**

- Mowing
- Temporary Silt Fence
- Landscape Planting
- Seeding and Mulching
- Selective Vegetation Removal

**Concrete and Masonry**

- Brick masonry construction
- Concrete curb and gutter
- Incidental concrete construction
- Sidewalk, driveways, wheelchair ramps
- Concrete Barrier

**Drainage**

- Subsurface Drainage Installation
- Pipe Culverts / storm drain installation

**Utility Installation**

- Waterline Installation
- Sanitary Sewer Installation

**Ferry Division**

- Marine Welding
- Roof Replacements
- Utility Road Bores
- Plumbing repair services
- Refrigeration repairs
- HVAC repairs
- Marine HVAC repairs
- Floor tile installation
- Metal fabrication work
- Janitorial services
- Concrete repair work
- Wastewater services

**Highway Preparation and Grading**

- Clearing and grubbing
- Roadway grading and excavation

**Paving**

- Asphalt surface treatment
- Concrete Pavement
- Milling Asphalt Pavement

**Highway Finishing**

- Pavement Marking
- Permanent Signing
- Fence
- Guardrail

**Safety and ITS**

- Sign lighting systems
- Signal traffic management system
- Work Zone Signing

**Aviation**

- Vertical Construction
- Clearing & Grubbing
- Paving
- Electrical Projects

**Transit**

- Commercial/Institutional Building Construction
- Plumbing
- Heating/Air Conditioning
- Janitorial
- Solid Waste Collection

**Other**

- Building removal and demolition
- Construction Surveying
- Painting Steel Structure

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The following information is collected for reporting purposes only

<p>Please indicate gender of firm's owner:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>	<p>Please indicate ethnicity of firm's owner:</p> <p><input type="checkbox"/> Asian/Pacific American</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> Caucasian American</p> <p><input type="checkbox"/> Hispanic American</p> <p><input type="checkbox"/> Native American</p> <p><input type="checkbox"/> Subcontinent Asian American</p>
--	--



**State of North Carolina Department of Transportation**  
**Small Business Enterprise Form**

Please check the Divisions or Counties in which you are seeking work			
Division	District 1	District 2	District 3
<input type="checkbox"/> <b>One</b>	<input type="checkbox"/> Camden <input type="checkbox"/> Currituck <input type="checkbox"/> Dare <input type="checkbox"/> Gates <input type="checkbox"/> Pasquotank <input type="checkbox"/> Perquimans	<input type="checkbox"/> Bertie <input type="checkbox"/> Hertford <input type="checkbox"/> Northampton	<input type="checkbox"/> Chowan <input type="checkbox"/> Hyde <input type="checkbox"/> Martin <input type="checkbox"/> Tyrrell <input type="checkbox"/> Washington
<input type="checkbox"/> <b>Two</b>	<input type="checkbox"/> Beaufort <input type="checkbox"/> Pitt	<input type="checkbox"/> Carteret <input type="checkbox"/> Craven <input type="checkbox"/> Pamlico	<input type="checkbox"/> Greene <input type="checkbox"/> Jones <input type="checkbox"/> Lenoir
<input type="checkbox"/> <b>Three</b>	<input type="checkbox"/> Onslow <input type="checkbox"/> Pender	<input type="checkbox"/> Duplin <input type="checkbox"/> Sampson	<input type="checkbox"/> Brunswick <input type="checkbox"/> New Hanover
<input type="checkbox"/> <b>Four</b>	<input type="checkbox"/> Edgecombe <input type="checkbox"/> Halifax	<input type="checkbox"/> Nash <input type="checkbox"/> Wilson	<input type="checkbox"/> Johnston <input type="checkbox"/> Wayne
<input type="checkbox"/> <b>Five</b>	<input type="checkbox"/> Wake	<input type="checkbox"/> Durham <input type="checkbox"/> Granville <input type="checkbox"/> Person	<input type="checkbox"/> Franklin <input type="checkbox"/> Vance <input type="checkbox"/> Warren
<input type="checkbox"/> <b>Six</b>	<input type="checkbox"/> Robeson	<input type="checkbox"/> Cumberland <input type="checkbox"/> Harnett	<input type="checkbox"/> Bladen <input type="checkbox"/> Columbus
<input type="checkbox"/> <b>Seven</b>	<input type="checkbox"/> Alamance <input type="checkbox"/> Orange	<input type="checkbox"/> Guilford	<input type="checkbox"/> Caswell <input type="checkbox"/> Rockingham
<input type="checkbox"/> <b>Eight</b>	<input type="checkbox"/> Chatham <input type="checkbox"/> Randolph	<input type="checkbox"/> Hoke <input type="checkbox"/> Lee <input type="checkbox"/> Moore	<input type="checkbox"/> Montgomery <input type="checkbox"/> Richmond <input type="checkbox"/> Scotland
<input type="checkbox"/> <b>Nine</b>	<input type="checkbox"/> Davidson <input type="checkbox"/> Rowan	<input type="checkbox"/> Davie <input type="checkbox"/> Forsyth <input type="checkbox"/> Stokes	
<input type="checkbox"/> <b>Ten</b>	<input type="checkbox"/> Cabarrus <input type="checkbox"/> Stanly	<input type="checkbox"/> Mecklenburg	<input type="checkbox"/> Anson <input type="checkbox"/> Union
<input type="checkbox"/> <b>Eleven</b>	<input type="checkbox"/> Alleghany <input type="checkbox"/> Surry <input type="checkbox"/> Yadkin	<input type="checkbox"/> Avery <input type="checkbox"/> Caldwell <input type="checkbox"/> Watauga	<input type="checkbox"/> Ashe <input type="checkbox"/> Wilkes
<input type="checkbox"/> <b>Twelve</b>	<input type="checkbox"/> Cleveland <input type="checkbox"/> Gaston	<input type="checkbox"/> Alexander <input type="checkbox"/> Iredell	<input type="checkbox"/> Catawba <input type="checkbox"/> Lincoln
<input type="checkbox"/> <b>Thirteen</b>	<input type="checkbox"/> Burke <input type="checkbox"/> McDowell <input type="checkbox"/> Mitchell <input type="checkbox"/> Rutherford	<input type="checkbox"/> Buncombe <input type="checkbox"/> Madison <input type="checkbox"/> Yancey	
<input type="checkbox"/> <b>Fourteen</b>	<input type="checkbox"/> Henderson <input type="checkbox"/> Polk <input type="checkbox"/> Transylvania	<input type="checkbox"/> Haywood <input type="checkbox"/> Jackson <input type="checkbox"/> Swain	<input type="checkbox"/> Cherokee <input type="checkbox"/> Clay <input type="checkbox"/> Graham <input type="checkbox"/> Macon

<input type="checkbox"/> <b>Public Transportation Division</b>	<input type="checkbox"/> Statewide	<input type="checkbox"/> Statewide	<input type="checkbox"/> Statewide
<input type="checkbox"/> <b>Rail Division</b>	<input type="checkbox"/> Statewide	<input type="checkbox"/> Statewide	<input type="checkbox"/> Statewide
<input type="checkbox"/> <b>Aviation Division</b>	<input type="checkbox"/> Statewide	<input type="checkbox"/> Statewide	<input type="checkbox"/> Statewide
<input type="checkbox"/> <b>Bicycle/Pedestrian Division</b>	<input type="checkbox"/> Statewide	<input type="checkbox"/> Statewide	<input type="checkbox"/> Statewide
<input type="checkbox"/> <b>Ferry Division</b>	<input type="checkbox"/> Brunswick	<input type="checkbox"/> New Hanover	<input type="checkbox"/> Other
<input type="checkbox"/> <b>Purchasing</b>	<input type="checkbox"/> General	<input type="checkbox"/>	<input type="checkbox"/>



STATE OF NORTH CAROLINA
Small Business Enterprise Program
SBE Eligibility Complaint Form

Send completed form to: Office of Civil Rights
ATTN: SBE Program Manager
1511 Mail Service Center Raleigh, NC 27699-1511
Fax: 919-508-1818

I have reason to believe that \_\_\_\_\_ (enter name of firm) does not meet the eligibility standards for a Small Business Enterprise. I believe this firm is ineligible for the following reasons:

Five horizontal lines for providing reasons for ineligibility.

I understand that I must have this form notarized before submitting it to your office..

Signature

Date

NOTE - AFFIDAVIT SHALL BE NOTARIZED

STATE OF: \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I \_\_\_\_\_, A Notary Public for said State, County, do hereby certify that

\_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
(Signature Owner/Officer)

\_\_\_\_\_  
(Notary Signature)

Seal }

\_\_\_\_\_  
My commission expires \_\_\_\_\_ 20\_\_



North Carolina Small Business Program

**Information Change Request**

Return completed form to:  
 NC Dept of Transportation  
 Office of Civil Rights  
 Attn: SBE Program Manager  
 1511 Mail Service Center Raleigh, NC 27699-1511  
 Or  
 fax to (919) 508-1818

Use this form to update information that is contained in the source database and displayed on the Transportation. The firm's owner must approve all changes.

1.	Name of Firm		
2.	<b>Contact Information</b> <i>(Please include area codes)</i> <i>Indicate if any of this information is new by adding (New) next to the entry.</i>	Business Phone: _____ Fax Number: _____ Email: _____	
		<b>CURRENT INFORMATION</b>	<b>CHANGE TO:</b>
3.	Contact Name		
4.	Type of Business Entity	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation Other: _____	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____
5.	Federal Tax ID (or SSN)		
6.	Mailing Address of Firm		
7.	Street Address (if different from above)		
8.	NCDOT Work Codes	_____ _____ _____	_____ _____ _____

I declare under penalty of perjury that the information provided on this form is true and correct.

Signature of majority owner \_\_\_\_\_ Date (mm/dd/yy) \_\_\_\_\_

SUBSTITUTE FORM W-9

Vendor # \_\_\_\_\_

VENDOR REGISTRATION FORM
NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

Pursuant to Internal Revenue Service (IRS) Regulations, vendors must furnish their Taxpayer Identification Number (TIN) to the State. If this number is not provided, you may be subject to a 20% withholding on each payment. To avoid this 20% withholding and to insure that accurate tax information is reported to the Internal Revenue Service and the State, please use this form to provide the requested information exactly as it appears on file with the IRS.

INDIVIDUAL AND SOLE PROPRIETOR: ENTER NAME AS SHOWN ON SOCIAL SECURITY CARD
CORPORATION OR PARTNERSHIP : ENTER YOUR LEGAL BUSINESS NAME

NAME:

MAILING ADDRESS: STREET/PO BOX:

CITY, STATE, ZIP:

DBA / TRADE NAME (IF APPLICABLE):

BUSINESS DESIGNATION: [ ] INDIVIDUAL (use Social Security No.) [ ] SOLE PROPRIETER (use SS No. or Fed ID No.)
[ ] CORPORATION (use Federal ID No.) [ ] PARTNERSHIP (use Federal ID No.)
[ ] ESTATE/TRUST (use Federal ID no.) [ ] STATE OR LOCAL GOVT. (use Federal ID No.)
[ ] OTHER / SPECIFY \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Social Security)
OR
FED.EMPLOYER IDENTIFICATION NO. \_\_\_\_\_ - \_\_\_\_\_ (Employer Identification)

COMPLETE THIS SECTION IF PAYMENTS ARE MADE TO AN ADDRESS OTHER THAN THE ONE LISTED ABOVE:
REMIT TO ADDRESS: STREET / PO BOX: \_\_\_\_\_
CITY, STATE, ZIP: \_\_\_\_\_

Participation in this section is voluntary. You are not required to complete this section to become a registered vendor. The information below will in no way affect the vendor registration process and its sole purpose is to collect statistical data on those vendors doing business with NCDOT. If you choose to participate, circle the answer that best fits your firm's group definition.
What is your firm's ethnicity? ( [ ] Prefer Not To Answer, [ ] African American, [ ] Native American, [ ] Caucasian American, [ ] Asian American, [ ] Hispanic American, [ ] Asian-Indian [ ] Other: \_\_\_\_\_ )
What is your firm's gender? ( [ ] Prefer Not to Answer, [ ] Male, [ ] Female ) Disabled-Owned Business? ( [ ] Prefer Not to Answer, [ ] Yes, [ ] No )

IRS Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. For complete certification instructions please see IRS FORM W-9 at http://www.irs.gov/pub/irs-pdf/fw9.pdf .

NAME (Print or Type)

TITLE (Print or Type)

SIGNATURE

DATE

PHONE NUMBER

To avoid payment delays, completed forms should be returned promptly to: Office of Civil Rights 1511 Mail Service Center, Attn: SBE Program Manager Fax: 919-508-1818