



NCTRCA

North Central Texas Regional Certification Agency

Dear Applicant:

Thank you for your interest in becoming certified with the North Central Texas Regional Certification agency (NCTRCA). The Agency represents several public entities in the Dallas/Fort Worth metroplex area that are committed to disadvantaged (DBE), minority (MBE) and women-owned (WBE) business participation in government contracts and other procurement activities. The Agency is responsible for the implementation of the certification process for these entities and for ensuring that only firms that meet the eligibility criteria of the program participate as DBEs, MBEs, or WBEs.

It is the responsibility of the applicant to submit the required necessary documentation, which will be used to evaluate and assist in determining the firm's eligibility. Please complete the attached certification affidavits in full, sign, notarize, and return it to us with all the supporting documentation required to the address below. It is very important that all questions be answered and that all required documents be submitted in order for your firm to be evaluated accurately and promptly. If a question is not applicable, please indicate so.

If you do not want to do business with member entities that require DBE certification when utilizing DOT funds in their contracts, you do not have to complete the personal net worth statement (PNW). The Agency will certify and classify you as a minority or woman owned business and not as a disadvantaged business enterprise

- DBE – Requires a PNW**
- MBE – No PNW**
- WBE – No PNW**

If you have any questions regarding the completion of the affidavit please give us a call and we will be happy to provide assistance.

Respectfully Yours,

Agency Director

SUBMIT THE FOLLOWING *REQUIRED* DOCUMENTS WITH THIS AFFIDAVIT

I. ALL APPLICANTS *MUST* SUBMIT THIS INFORMATION:

- PROOF OF U.S. CITIZENSHIP OR PERMANENT RESIDENCY STATUS (Birth Certificate, U.S. Passport, Alien Resident Card, etc.)
- PROOF OF RACE / ETHNICITY (Birth Certificate, Tribal Card, MV License, etc.)
- INCOME TAX RETURNS FOR THE FIRM (Two Most Recent Years)
- RESUME OF ALL OWNERS
- ASSUMED NAME CERTIFICATE
- COPY OF BANK SIGNATURE CARD(S)
- PROOF OF CAPITAL INVESTMENT IN FIRM (Cancelled Check, Loans, etc.)
- PROOF OF EQUIPMENT AND REAL ESTATE CONTRIBUTION
- COPY OF RENTAL OR LEASE AGREEMENT
- COPY OF LICENSES AND/OR PERMITS (All Owners)

II. FOR A PARTNERSHIP; ADD:

- COMPLETE COPY OF PARTNERSHIP AGREEMENT INCLUDING BUYOUT RIGHTS AND PROFIT SHARING

III. FOR A CORPORATION; ADD:

- CERTIFICATE OF INCORPORATION
- ARTICLES OF INCORPORATION
- COPY OF CORPORATE BYLAWS
- COPY OF FIRST AND LAST CORPORATE MEETING MINUTES
- COPY OF ANY MINUTES THAT AFFECT OWNERSHIP
- COPY OF STOCK TRANSFER LEDGER AND STOCK REGISTER
- COPY OF ALL ISSUED AND VOIDED STOCK CERTIFICATES (FRONT & BACK)
- PROOF OF STOCK PURCHASE

IV. PERSONAL NET WORTH STATEMENT; ADD:

A PERSONAL NET WORTH STATEMENT WITH DOCUMENTATION MUST BE SUBMITTED WITH THE AFFIDAVIT IN ORDER TO COMPLY WITH 49 CFR, PART 26 TO BE CERTIFIED AS A DISADVANTAGED BUSINESS ENTERPRISE (DBE) AUTHORIZED TO DO BUSINESS WITH THOSE ENTITIES USING DOT FUNDS IN THEIR CONTRACTS.

IN ACCORDANCE WITH FEDERAL AND STATE LAW DOCUMENTS SUBMITTED WITH THIS AFFIDAVIT ARE NOT SUBJECT TO THE OPEN RECORDS ACT. THEY WILL NOT BE RELEASED TO ANYONE WITHOUT THE AUTHORIZATION OF THE OWNER.



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CERTIFICATION AFFIDAVIT

1. Name of Firm: _____

2. Mailing Address:

Street Name or P. O. Box No. City State Zip County

3. Street Address: (If different from mailing)

Street Name City State Zip County

4. Phone: _____ Fax: _____ Email: _____

5. Owner Contact: _____ Title: _____

6. Tax ID or SS Number: _____

7. Indicate if this firm has previously received or been denied certification or participation as a D/M/WBE. Indicate the name of the certifying authority and the date of such certification or denial.

CERTIFYING AUTHORITY	DATE	CERTIFICATION YES / NO	REASON

8. Business Structure (*CIRCLE ONE*): (a) PROPRIETORSHIP (b) PARTNERSHIP
(c) LIMITED LIABILITY (LLC) (d) GENERAL CORP (INC) (e) JOINT VENTURE

9. Date business established under *current* ownership: _____

10. Please list three company and/or client references :

COMPANY	CONTACT PERSON	TITLE	TELEPHONE

11. Identify your major products/services (*PROVIDE A DESCRIPTION*): _____

12. Does your firm share any resource(s) (office facilities, storage space, equipment, and personnel) with any other firms or individuals? Yes No
 If yes explain: _____

13. What are the gross receipts of the firm for each of the last two years?

YEAR ENDING	GROSS RECEIPTS	NUMBER OF EMPLOYEES

14. Please identify the firms' ownership:

NAME	RACE / ETHNIC	SEX	YEARS OF OWNERSHIP	OWNERSHIP PERCENTAGE	VOTING PERCENTAGE

15. List the contribution of money, equipment, real estate and percentage of expertise for each owner (*PLEASE USE AN ADDITIONAL SHEET OF PAPER IF NECESSARY*):

NAME	MONEY (\$)	EQUIPMENT (\$)	REAL ESTATE (\$)	EXPERTISE (%)

NOTE: SUBMIT DOCUMENTED PROOF OF CONTRIBUTION FIGURES LISTED UNDER MONEY, EQUIPMENT AND REAL ESTATE.

16. Identify by name, race/ethnicity, sex and title those individuals in the firm (including owners and non-owners) who are responsible for the day-to-day management and policy decision-making including, but not limited to those with prime responsibility for:

AREA	NAME	RACE/ETHNICITY	SEX	TITLE
FINANCIAL DECISIONS				
MANAGEMENT DECISIONS				
ESTIMATING				
HIRING/FIRING OF MANAGEMENT PERSONNEL				
PURCHASING OF MAJOR ITEMS OR SUPPLIES				
SUPERVISION OF FIELD OPERATIONS				
CONTRACTS				

17. Provide name of licensed individual(s) and type of license necessary for business

(SUBMIT COPIES WITH APPLICATION): _____

18. Identify any owner or management official of the firm who is or has been an employee of another firm that has ownership interest or a present business relationship with your firm: _____

19. Do you have the ability to accept credit cards? _____

20. From whom or where did you receive this affidavit? _____

AFFIDAVIT

The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of _____) as well as the ownership thereof.

(Name of Firm)

Further, the undersigned agrees to permit the Agency, its authorized representatives and/or U.S. Department of Transportation (DOT) as part of this certification process and thereafter to interview owners, principals, officers and employees; and to audit or examine books, records and files of the above firm. Furthermore, any of the public entities that are part of this agency reserve the right to reevaluate a firm's eligibility for certification.

If at any time DOT or the Agency has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Agency may refer the matter to General Counsel of DOT or take other action pursuant to law. The General Counsel may initiate debarment procedures in accordance with 41 CFR 1-1.604 and 12-1.062 and /or refer the matter to the Department of Justice under U.S.C. 1001, as the General Counsel deems appropriate.

NOTE: Under Title 18 U.S.C. Section 1001 and Title 15 U.S.C. Section 645, any person who misrepresents a firm's status as a small disadvantaged business concern; or make false statements in order to influence the certification process in any way; or to obtain a government contract, shall be subject to fines of up to \$500,000 and imprisonment of up to 10 years, or both.

The burden of proof of control and management of the business is on the applicant. The Agency reserves the right to request any additional information deemed necessary to determine if a firm is certifiable. Failure to cooperate and/or provide requested information within the time specified is grounds for termination of the certification process.

Name

Signature

Title

Date

Date: _____ State of: _____ County of: _____

On this day before me appeared (name) _____ with proper identification, who being duly sworn, did execute the foregoing affidavit and did aver that he or she was properly authorized by (name of firm)

_____ to execute this affidavit and did so as his or her free act/deed.

(Seal)

Notary Public

Commission Expires

GENERAL INFORMATION

The North Texas Regional Certification Agency (“Agency”) will evaluate firms for certification as an Disadvantaged/Minority/Woman-Owned Business Enterprise (D/M/WBE) using the Agency’s Certification Standards. The agency standards are based on Title 49 CFR, Part 26; and the guidelines and rules of the U.S. Department of Transportation (“DOT”), the Federal Transportation Administration, and the Federal Aviation Administration. If eligible under the above criteria, a firm can be certified as:

- **Disadvantaged Business Enterprise** if it meets all the requirements of Title 49 CFR, Part 26 and the size standard according to 13 CFR, Part 121.2;
- **Minority-Owned Business Enterprise** if it meets all the requirements of the Agency;
- **Woman-Owned Business Enterprise** if it meets all the requirements of the Agency;

“Disadvantaged, Minority and Woman- Owned Business Enterprise” means a business owned and controlled by socially and economically disadvantaged individuals. “Socially and economically disadvantaged business ” means any business in which is at least 51 percent is owned by one or more socially and economically disadvantaged individuals and whose management and daily business operations are controlled by one or more of the socially and economically disadvantaged individuals who own it.”

The Agency hereby makes a rebuttal presumption that individuals in the following groups are socially and economically disadvantaged and reserves the right to determine, on a case-by-case basis, that individuals who are not members of the following groups are socially and economically disadvantaged:

Women

African American - persons having origins in any Black racial groups of Africa;

Hispanic American - persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish or Portuguese culture or origin, regardless of race;

Native American - persons who are American Indians, Eskimos, Aleuts, or native Hawaiians;

Asian-Pacific American - persons whose origins are from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, the Philippines, Samoa, Guam, the U.S. Trust Territories of the Pacific Islands (Republic of Paula), Republic of the Marshall Islands, Federated States of Micronesia, or the Commonwealth of the Northern Marinas Islands, Macao, Hong Kong, Fiji, Tuvalu or Nauru;

Asian-Indian American - persons whose origins are from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands or Nepal;

Members of other groups found to be disadvantaged by the Small Business Administration (SBA) under Section (8) (a) of the Small Business Act.

All business, which have been certified by other DOT entities and the SBA under its programs are also considered to be socially and economically disadvantaged business by the Agency upon completion of an affidavit with required documentation.

Only citizens of the United States or lawfully admitted permanent residents are eligible to qualify as socially and economically disadvantaged individuals. All participants must submit documentation to prove they fall into one of these categories.