

Washington Metropolitan Area Transportation Authority
Minority Business Enterprise (MBE)
Small Business Program (SBP)
Combined MBE/SBP/MBP Certification Application

1. CONTACT INFORMATION

Name		dba	
Address1			
Address2			
City		State	Zip Code
Email			
Internet address			

2.CONTROLLING INTEREST (check appropriate box)

<input type="checkbox"/> African American	CITIZENSHIP:
<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> U.S. Citizen
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Resident Alien
<input type="checkbox"/> Asian American	
<input type="checkbox"/> Native American	
<input type="checkbox"/> Female	

3. CONTACT PERSON

Name			
Title			
Telephone		Fax	

4. OWNER

Name			
Title			
Telephone		Fax	

5.LIST THE NAMES OF THE OFFICERS OF THE COMPANY

NAME OF THE OFFICERS	MINORITY	DATES ELECTED / APPOINTED
PRESIDENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	
VICE PRESIDENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SECRETARY	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TREASURER	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER	<input type="checkbox"/> Yes <input type="checkbox"/> No	

6.NAMES OF CURRENT BOARD OF DIRECTORS

NAME	MINORITY	DATE ELECTED	HOME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

7.NAMES OF BOARD OF DIRECTORS IMMEDIATELYPRIOR TO CURRENT BOARD

NAME	MINORITY	DATE ELECTED	HOME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

8.LIST OF PRODUCT(S)/SERVICE(S) OFFERED. BE SPECIFIC. IF KNOWN, LIST NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODENUMBER FOR EACH ITEM LISTED.

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9. TYPE OF OWNERSHIP?

☐ Corporation Date incorporated _____ State _____
☐ Partnership Date incorporated _____
☐ Date of LLC Agreement _____

10. DOES YOUR COMPANY OWN MAJOR EQUIPMENT?

☐ Yes ☐ No

List on a separate sheet, by type and quantity,
major equipment owned.

DO NOT LIST RENTAL OR LEASED EQUIPMENT.

Is the equipment listed in your possession?

☐ Yes ☐ No

11. LIST NUMBER OF EMPLOYEES ON PAYROLL

(DO NOT LIST EMPLOYEES TWICE)

	FULL TIME	PART-TIME
ADMINISTRATIVE		
CLERICAL		
SUPERVISOR		
EQUIPMENT OPERATOR		
SKILLED LABORER		
UNSKILLED LABORER		

12. FEDERAL IDENTIFICATION NUMBER

13. WHO DETERMINES WHAT JOBS THE COMPANY WILL UNDERTAKE?

Name _____

Title _____

14. WHO WILL BE RESPONSIBLE FOR ON-SITE PROJECT SUPERVISION?

Name _____

Title _____

15. SHAREHOLDERS

NAME	MINORITY	CLASS COMMON OR PREFERRED	NUMBER OF SHARES	VOTING PERCENTAGE	TOTAL COST	DATE OF OWNERSHIP
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					

TOTAL NUMBER OF SHARES:

IS THIS A HOLDING OR SUBSIDIARY COMPANY? ☐ Yes ☐ No

ISSUED _____

IF YOUR FIRM IS OWNED IN FULL OR IN PART BY ANOTHER COMPANY, LIST ON A SEPARATE SHEET
THE COMPANY'S SHAREHOLDERS TO INCLUDE PERCENTAGE OF OWNERSHIP INTEREST, AND THE
NAMES AND ADDRESSES OF DIRECTORS AND OFFICERS. IF MINORITIES, NO INDICATE.

OUTSTANDING _____

16. LIST THE 3 LARGEST PROJECTS IN DOLLAR AMOUNTS COMPLETED BY YOUR BUSINESS DURING THE LAST THREE YEARS

(1) A. PRIME CONTRACTOR

Name _____
Address _____ City _____ State _____ Zip Code _____
Telephone _____

B. PROJECT IDENTIFICATION: _____

C. TOTAL DOLLAR AMOUNT OF MBE PORTION OF THIS PROJECT: _____ YOUR SHARE OF THE MBE PORTION: _____

D. TYPE OF WORK PERFORMED (USE SIC AND NAICS CODES, IF KNOWN) _____

(2) A. PRIME CONTRACTOR

Name _____
Address _____ City _____ State _____ Zip Code _____
Telephone _____

B. PROJECT IDENTIFICATION: _____

C. TOTAL DOLLAR AMOUNT OF MBE PORTION OF THIS PROJECT: _____ YOUR SHARE OF THE MBE PORTION: _____

D. TYPE OF WORK PERFORMED (USE SIC AND NAICS CODES, IF KNOWN) _____

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(3) A. PRIME CONTRACTOR

Name							
Address		City		State		Zip Code	
Telephone							

B. PROJECT IDENTIFICATION:	
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C. TOTAL DOLLAR AMOUNT OF MBE PORTION OF THIS PROJECT:		YOUR SHARE OF THE MBE PORTION:	
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D. TYPE OF WORK PERFORMED (USE SIC AND NAICS CODES, IF KNOWN)	
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17. LIST ALL SOURCES AND AMOUNTS OF MONEY LOANED TO THE CORPORATION		18. IDENTIFY YOUR CURRENT BONDING COMPANY AND BANK(S)	
SOURCE	AMOUNT	BONDING COMPANY	BANK ACCOUNT NUMBERS

19. HAS YOUR FIRM BEEN APPROVED BY THE FEDERAL SMALL BUSINESS ADMINISTRATION 8(a) PROGRAM?	20. WERE YOU ISSUED A PERFORMANCE BOND?
<input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, FURNISH A COPY OF APPROVAL LETTER	<input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, HOW MUCH? _____

21. NAME, ADDRESS AND TELEPHONE NUMBER OF CPA OR ACCOUNTANT	22. NAME, ADDRESS AND TELEPHONE NUMBER OF CPA OR ACCOUNTANT
Name	Name
Address	Address
City	City
State	State
Zip Code	Zip Code
Telephone	Telephone

23. WHO NEGOTIATES AND SIGNS FOR SURETY BONDS AND WHO SIGNS FOR INSURANCE AND PAYROLL?		
	NAME	TITLE
A. SURETY AND / OR PERFORMANCE BONDS		
B. INSURANCE		
C. PAYROLL		

24. ALL ORAL AND TACIT AGREEMENTS SHALL BE REDUCED TO WRITING AND SUBMITTED WITH THIS AFFIDAVIT. IF THERE ARE NO WRITTEN, ORAL, OR TACIT AGREEMENTS CONCERNING THE OPERATION OF THE COMPANY, PLEASE AFFIRM BY SIGNING BELOW.

"THERE ARE NO WRITTEN, ORAL OR TACIT AGREEMENTS CONCERNING
THE OPERATION OF THE COMPANY BETWEEN ANY PERSONS
ASSOCIATED WITH THE COMPANY"

SIGNATURE OF APPLICANT	
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FRAUD

A PERSON MAY NOT:

FRAUDULENTLY OBTAIN, RETAIN, ATTEMPT TO OBTAIN OR RETAIN, OR AID ANOTHER IN FRAUDULENTLY OBTAINING OR RETAINING OR ATTEMPTING TO OBTAIN OR RETAIN CERTIFICATION AS A MINORITY BUSINESS ENTERPRISE:

WILLFULLY MAKE A FALSE STATEMENT, WHETHER BY AFFIDAVIT, REPORT, OR OTHER REPRESENTATION FOR THE PURPOSE OF INFLUENCING THE CERTIFICATION OR DENIAL OF CERTIFICATION OF ANY ENTITY AS A MINORITY BUSINESS ENTERPRISE:

FRAUDULENTLY OBTAIN, ATTEMPT TO OBTAIN, OR AID ANOTHER PERSON IN FRAUDULENTLY OBTAINING OR ATTEMPTING TO OBTAIN, PUBLIC MONIES TO WHICH THE PERSON IS NOT ENTITLED.

ANY PERSON WHO IS FOUND TO BE IN VIOLATION OF WMATA'S FRAUD PROVISIONS IN CONNECTION WITH THE MBE PROGRAM MAY BE SUBJECT TO FINDINGS OF NON-RESPONSIBILITY ON FUTURE CONTRACTS, SUSPENSION, DEBARMENT, OR OTHER ACTIONS AVAILABLE TOP THE AUTHORITY.

A PERSON MAY NOT WILLFULLY MAKE FALSE STATEMENTS THAT ANY ENTITY IS OR IS NOT CERTIFIED AS A MINORITY BUSINESS ENTERPRISE. ANY PERSON WHO VIOLATES THIS PROVISION AND IS FOUND GUILTY OF SUCH MISREPRESENTATION IS SUBJECT TO FURTHER SANCTIONS, INCLUDING BUT NOT LIMITED TO DEBARMENT AND/OR REFERRAL TO WMATA'S OFFICE OF THE INSPECTOR GENERAL.

I HAVE READ THE WMATA FRAUD POLICY

SIGNATURE OF APPLICANT

THIS APPLICATION INCLUDES ALL MATERIAL INFORMATION NECESSARY TO IDENTIFY AND TO EXPLAIN THE OPERATIONS
OF (NAME OF BUSINESS)

(HEREINAFTER "APPLICANT") IN ORDER TO DETERMINE IF APPLICANT IS A BONAFIDE MINORITY BUSINESS ENTERPRISE WHICH IS OWNED AND CONTROLLED BY MINORITIES IN ACCORDANCE WITH THE REQUIREMENTS OF THE AUTHORITY'S MINORITY BUSINESS ENTERPRISE PROGRAM. FURTHER, THE UNDER-SIGNED DOES COVENANT AND AGREE TO PROVIDE INFORMATION TO WMATA REGARDING ITS PROJECTS, THE PAYMENT THEREFORE, AND ANY PROPOSED CHANGES IN ANY OF THE ARRANGEMENTS HEREINABOVE STATED AND TO PERMIT AN AUDIT, TO INCLUDE INTERVIEW OF PRINCIPALS, EMPLOYEES, AND OFFICERS AND AN EXAMINATION OF THE BOOKS, RECORDS, AND FILES OF THE APPLICANT BY AUTHORIZED REPRESENTATIVES OF WMATA PRIOR TO AND AFTER INCLUSION IN ITS OFFICIAL MBE DIRECTORY AS DEEMED NECESSARY.

I ACKNOWLEDGE AND AGREE THAT REPRESENTATIVES OF WMATA SHALL BE PERMITTED TO MAKE INQUIRIES OF CREDIT BUREAUS, BANKS, LENDING INSTITUTIONS, BONDING COMPANIES, VENDORS, SUPPLIERS, INSURANCE COMPANIES, AND PRIOR AND CURRENT CONTRACTORS CONCERNING THE FINANCIAL RESPONSIBILITY OF APPLICANT.

I ACKNOWLEDGE THAT THIS AFFIDAVIT MAY BE FURNISHED TO THE WMATA BOARD OF DIRECTORS AND OTHER INTERNAL ENTITIES AS APPROPRIATE, AND THAT NOTHING IN THIS AFFIDAVIT SHALL BE CONSTRUED TO SUPERSEDE, AMEND, MODIFY, OR WAIVE ANY STATUTORY RIGHT OR REMEDY CONFERRED BY THE CONSTITUTION TO ANY MISREPRESENTATION MADE OR ANY VIOLATION OF THE OBLIGATIONS, TERMS AND COVENANTS UNDERTAKEN BY THE ABOVE FIRM IN RESPECT TO THIS APPLICATION.

I ACKNOWLEDGE AND AGREE THAT THE APPLICANT WILL BE REQUIRED TO PROVIDE FOR AND PARTICIPATE IN AN ON SITE INSPECTION AND INTERVIEW BY WMATA STAFF.

I ACKNOWLEDGE THAT THE ELIGIBILITY OF THE APPLICANT FOR CERTIFICATION AS A MINORITY BUSINESS ENTERPRISE WILL BE DETERMINED AS OF THE DATE OF THE APPLICATION, BASED ON THE INFORMATION AND DOCUMENTATION SUBMITTED HERewith. ANY CHANGES IN OWNERSHIP OR CONTROL AFTER THIS DATE MAY NOT BE CONSIDERED IN DETERMINING ELIGIBILITY UNDER THIS APPLICATION.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT, AND THAT I AM AUTHORIZED, ON BEHALF OF THE ABOVE FIRM, TO MAKE THIS APPLICATION.

TITLE

DATE

SIGNATURE OF APPLICANT

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NOTARY CERTIFICATE

STATE OF:		COUNTY (CITY) OF:	
ON THE:	OF	BEFORE ME.	
(DAY)	(MONTH)	(YEAR)	

THE UNDERSIGNED OFFICER, PERSONALLY APPEARED KNOWN TO ME TO BE PERSON DESCRIBED IN THE FOREGOING AFFIDAVIT AND ACKNOWLEDGED THAT HE (SHE) EXECUTED THE SAME IN THE CAPACITY THEREIN STATED AND FOR THE PURPOSES THEREIN CONTAINED ANDT HAT THE STATEMENTS CONTAINED THEREIN ARE TRUE AND CORRECT, IN WITNESS WHEREOF, I HEREUNTO SET MY HAND AND OFFICIAL SEAL.

NOTARY PUBLIC	
MY COMMISSION EXPIRES	

SEAL

Statement of Disadvantage

Socially disadvantaged individuals are those who have been subjected to racial or ethnic prejudice or cultural bias within American society because of their identities as members of groups and without regard to their individual qualities. Economically disadvantaged individuals are socially disadvantaged individuals whose ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially disadvantaged. An individual whose personal net worth exceeds **one million three hundred twenty thousand dollars (\$1,320,000)** is not economically disadvantaged. I hereby certify that I have read and understand the above statement and that I am both socially and economically disadvantaged.

Name		Date	
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State of	
COUNTY	

TO WIT:	
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I HEREBY CERTIFY, that on the _____ day of _____, in the year _____, before the subscriber, a notary public of the State of Maryland, in and for the County aforesaid, personally appeared _____, known to me to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Notary Public	
My Commission expires:	