



**City of Austin**  
**Small & Minority Business Resources Department**  
**MBE/WBE Certification Application**  
**P.O. Box 1088, Austin, TX 78767**  
**Telephone: (512) 974-7645 Fax: (512) 974-7609**

**You must be registered as a City of Austin vendor prior to completing this application.** To register, please access the City of Austin's Vendor Self-Service (VSS) System at <https://www.ci.austin.tx.us/purchase>. Changes can be made daily on the VSS System. If you need assistance with making changes, please contact Vendor Registration at (512) 974-2018, or by email @ [VendorReg@ci.austin.tx.us](mailto:VendorReg@ci.austin.tx.us)

I, \_\_\_\_\_, \_\_\_\_\_, am applying for (please check all that apply):  
Vendor Name Vendor Code

\_\_\_\_\_ **Minority-Owned Business Enterprise (MBE)** (a small business as defined by the U.S. Small Business Administration (SBA) which is at least 51% owned, managed and controlled by one or more ethnic minorities who are economically disadvantaged. Ethnic minorities include the following groups: African-American; Hispanic; Asian-American and Native-American).

\_\_\_\_\_ **Woman-Owned Business Enterprise (WBE)** (a small business as defined by the U.S. Small Business Administration (SBA) which is at least 51% owned, managed and controlled by one or more females who are economically disadvantaged).

\_\_\_\_\_ **Dual Application for MBE and WBE** (a small business as defined by the U.S. Small Business Administration (SBA) which is at least 51% owned, managed and controlled by one or more ethnic minority females who are economically disadvantaged).

**PLEASE NOTE:** A certification application must be executed under oath by the owner or authorized officer of the business. If such form is signed by any party other than the president or secretary of a corporation, general partner of a partnership, managing member of a limited liability company or owner of a sole proprietorship, such party must also submit evidence of his or her authority. Material factual representations must be based on personal knowledge of the person executing the application.

**\* If you wish to be considered as a Disadvantaged Business Enterprise (DBE) for the City of Austin federally-funded transportation projects as well as federally-funded transportation projects in Texas, please download and complete the Texas Unified Certification Program (TUCP) DBE application from the following address or call (512) 974-7645 to request a copy: <http://www.ci.austin.tx.us/snbr/certsvc.htm>. A Disadvantaged Business Enterprise (DBE) is a small business as defined by the U.S. Small Business Administration (SBA) which is at least 51% owned and controlled by one or more individuals who are both socially and economically disadvantaged.**

**\*\* If you are applying for more than one certification, please complete all application forms, and submit only one copy of the supporting documents.**



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**Certification Office**  
**P. O. Box 1088, Austin, TX 78767**

**The following documents must be submitted with this application.** Please mark an “X” in the blank opposite each item submitted. If any of the items **do not apply** to your firm, please mark an “NA” opposite each item that does not apply and submit a letter on company letterhead with a written explanation of any missing or non-applicable documents. **NOTE:** You may be asked to provide additional information to support this application, and if upon investigation, the additional information is found not to be true, certification may be denied.

**I. ALL FIRMS MUST PROVIDE THE FOLLOWING ITEMS:**

MARK “X” IF SUBMITTED	INFORMATION REQUESTED	ACCEPTABLE PROOF
	Proof of U.S. citizenship or permanent residency status	Birth Certificate, U.S. Passport, Alien Resident Card, Certificate of Naturalization, Tribal Card, etc.
	Proof of race / ethnicity and/or gender status	Birth Certificate, Tribal Card, Drivers License, etc.
	Personal Net Worth (PNW) Statement Or Alternate Personal Net Worth Statement	Attach PNW or Alt. PNW Statement to application
	Resume of all owners, officers and management staff showing education, training, work experience and management experience	
	Proof that firm has been functional and operating for at least 90 days prior to this application	One recent invoice or contract
	Current Balance Sheet and/or Business Plan for firm	
	Copy of bank signature card (s) for business/commercial account (s)	
	Proof of capital investment in firm	Cancelled check, loan agreements, etc
	Past or current loan agreements of applicant or between any owners	
	Proof of vehicle, equipment and real estate contribution	Title papers, lease or rental agreements, mortgage, paid invoices, etc
	Copy of lease or rental agreement for business site (including storage space) and one <u>cancelled check</u> used to make payment.	If working from personal residence; a copy of your property tax statement or mortgage documents.
	Copy of all current relevant licenses, registrations, permits or certificates required by the State of Texas and/or the City of Austin to conduct business in the selected scopes of work.	Engineer, architect, CPA, CDL, plumbing, electrical, medical, HVAC, HazMat, etc.

**II. FOR A SOLE PROPRIETORSHIP, ADD:**

MARK "X" IF SUBMITTED	INFORMATION REQUESTED
	Assumed Name Certificate
	Firm's Tax Returns for past 3 years (Form 1040, Schedule C)*please read below

**III. FOR A PARTNERSHIP (Limited/General), JOINT VENTURE, or FRANCHISE, ADD:**

MARK "X" IF SUBMITTED	INFORMATION REQUESTED
	Complete Copy Of Partnership Agreement Including Buyout Rights And Profit Sharing
	Joint Venture Agreement, if applicable
	Franchise Agreement, if applicable
	Firm's Tax Returns for the past 3 years (Form 1065 and all Schedule K-1s)*please read below

**IV. FOR A LIMITED LIABILITY CORPORATION/COMPANY, ADD:**

MARK "X" IF SUBMITTED	INFORMATION REQUESTED
	Articles Of Organization
	Copy of Agreement/Regulations/Operating Agreement, as applicable
	Copy of All Issued and Voided Membership Certificates, as applicable
	Firm's Tax Returns for the past 3 years (Form 1120, Pages 1, 2 & 3 or 1120S and all Schedule K-1s)*please read below

**V. FOR A CORPORATION, ADD:**

MARK "X" IF SUBMITTED	INFORMATION REQUESTED
	Articles Of Incorporation
	Copy Of Corporate Bylaws
	Copy Of Current Corporate Meeting Minutes & Any Minutes that affect ownership
	Copy Of Any Minutes That Affect Ownership
	Firm's Tax Returns for the past 3 years (Form 1120, Pages 1, 2 & 3 or 1120S and all Schedule K-1s)* please read below

\*Note: In the case of a newly formed business, please include the previous two years of individual tax returns of the owners, partners or members. In the case of a Joint Venture, please include individual tax returns for each partner of the joint venture.

## GENERAL BUSINESS INFORMATION

1. Business Name			
Owner's Name			
City's Vendor Code #	Telephone Number	Fax Number	Mobile/Cell Number
E-mail Address		Internet Website / URL Address	
2. Does this business use any other name(s)? Yes _____ No _____		If yes, indicate name(s)	
3. Business Mailing Address			
City	State	County	Zip
4. Physical Address of Business			
City	State	County	Zip
5. Federal Tax Identification Number or Social Security Number	6. Date business was established under present name and ownership:		
7. Is this Social Security Number your Federal Tax ID#? Yes _____ No _____	8. Is the business address and/or telephone number residential? Yes _____ No _____		
9. Is this business a continuation of a pre-existing business? Yes ___ No ___; If yes, indicate name(s)			
10. Indicate if this firm has previously been certified or participated as a DBE/HUB/ MBE/WBE. Indicate the name of the certifying authority and provide a copy of the certification letter or certificate.	<b>CERTIFYING AUTHORITY</b>	<b>ADDRESS</b>	<b>DATE</b>
11. Indicate if this firm or any other firm with any of the same officers or owners has previously been denied DBE /HUB MBE/WBE certification by any agency. (Indicate the name of the agency, the date of such denial and describe the circumstances.)			

<b>12.</b> Is the business affiliated with another business? Yes ____ No ____	If yes, list name and address of the affiliate firm.		
<b>13.</b> Business Structure (CHECK ONE):		<b>SOLE PROPRIETOR</b>	<b>LIMITED PARTNERSHIP</b>
		<b>GENERAL PARTNERSHIP</b>	<b>LIMITED LIABILITY COMPANY</b>
		<b>CORPORATION</b>	
<b>14.</b> Please list two company and/or client references:			
<b>COMPANY</b>	<b>CONTACT PERSON</b>	<b>TITLE</b>	<b>TELEPHONE</b>
<b>15.</b> Identify <b>up to three</b> of your major products/services:			
<b>PRODUCT OR SERVICE</b>	<b>PROVIDE A BRIEF DESCRIPTION:</b>		
1.			
2.			
3.			
<b>16.</b> Does your firm share any resource(s) (office facilities, storage space, equipment, financing and personnel) with any other firms or individuals? Yes _____ No _____ If yes, explain:			
<b>17.</b> What are the gross receipts and number of employees of the firm for each of the last three federal income tax years?			
<b>YEAR ENDING</b>	<b>GROSS RECEIPTS (\$)</b>	<b># OF EMPLOYEES</b> (Designate full-time employees as "FT"; part-time employees as "PT")	

18. Please identify the firms' ownership: (use additional sheet if more than three owners)						
OWNER(S) NAME	RACIAL GROUP*	GENDER (M/F)	U.S. CITIZEN (Y/N)	DATE OF OWNERSHIP	OWNERSHIP %	# OF SHARES

\*Race/Ethnic Codes: **W** – White Caucasian **B** – Black African American **H** – Hispanic American **A** – Asian American **N** – Native American

19. 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.

20. 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 (years)

**NOTE:** PLEASE MAKE SURE MINORITY AND/OR WOMAN OWNER HAS SUBMITTED DOCUMENTED PROOF OF CONTRIBUTION FIGURES LISTED UNDER MONEY, EQUIPMENT AND REAL ESTATE.

ALSO, EXPLAIN ANY UNUSUAL CIRCUMSTANCES SURROUNDING THE ACQUISITION OF THE FIRM.

21. Is a license, certificate, permit or registration required for the product or service you provide?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the name of the license and the licensed individual(s) in your business (Be sure you have submitted a current copy of all required license (s) with application):

**22.** Identify those individuals in the firm (including owners and non-owners; partners and non-partners; members and non-members) who are responsible for the day-to-day management and policy decision-making including, but not limited to those with prime responsibility for:

BUSINESS AREA	NAME	RACIAL GROUP*	GENDER (M/F)	TITLE
Financial Decisions				
Management Decisions				
Estimating and Bid Preparation				
Personnel (Hiring and Firing)				
Purchasing of Major Equipment, Materials and Supplies				
Supervision of Field Operations				
Negotiation, Administration and Signing of Contracts				
Marketing and Sales				

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**23.** For Corporations, Limited Liability Corporations, Partnerships and Joint Ventures identify Board of Directors/Partners/Joint Venture members. (Add additional pages if necessary.)

NAME	TITLE	RACIAL GROUP*	GENDER (M/F)	DATE ELECTED/ EXPIRATION OF TERM

\*Race/Ethnic Codes: **W** – White Caucasian **B** – Black African American **H** – Hispanic American **A** – Asian American **N** – Native American

**AFFIDAVIT**

The undersigned hereby represents that the information in this application is true and correct. The undersigned further understands that if upon investigation, it is determined that incorrect information was knowingly or willfully provided or that false representations were otherwise made in connection with this application, certification shall be denied and the matter shall be evaluated for possible sanctions under the law. The undersigned hereby authorizes the City to permit the Director to obtain from third persons (e.g., utility companies, business references, and lessors/lessees) information relevant to any applicant's eligibility for certification.

The undersigned hereby affirms that no principal, officer, owner, or any person having decision-making authority or any direct or indirect interest in the applicant has, within five (5) years of the date of such application, owned a direct or indirect interest in, or been financially affiliated with, any firm to which MBE, WBE or DBE certification has been denied or withdrawn by any governmental entity where such denial or withdrawal was based, in whole or in part, upon false information contained in an application for certification.

\_\_\_\_\_ By \_\_\_\_\_ Title \_\_\_\_\_  
Company Name Applicant (must be signed by majority owner)

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ being duly sworn,  
deposes and says that she/he is \_\_\_\_\_ of \_\_\_\_\_  
Title Company Name

and that the answers to the foregoing questions and all statements therein contained are true and correct.

SUBSCRIBED AND SWORN TO ME before me this \_\_\_\_\_ day of \_\_\_\_\_.

(Affix Seal Here)

Is a Notary Public in and for the State of \_\_\_\_\_  
\_\_\_\_\_

My Commission Expires \_\_\_\_\_  
\_\_\_\_\_