

**N.C. DEPARTMENT OF ADMINISTRATION**  
**OFFICE FOR HISTORICALLY UNDERUTILIZED BUSINESSES**

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**Statewide Uniform Certification Program**

**Statewide Uniform Certification Application**

Thank you for your interest in becoming certified as a HUB firm with the State of North Carolina under the Statewide Uniform Certification Program (SWUC). Per N.C. General Statute 143-128.4, to qualify as a historically underutilized business, a business must be at least 51% owned, controlled and managed by one or more citizens or lawful permanent residence of the United States who are members of one or more of the following groups: (1) Black, (2) Hispanic, (3) Asian American, (4) American Indian, (5) Female, (6) Disabled and (7) Disadvantaged.

The Office for Historically Underutilized Businesses will request documentation based on your business structure to determine your eligibility for certification as a historically underutilized business. All applicants are required to submit this application as part of the required documentation.

**To initiate the HUB Certification Process:** (1) Complete the SWUC Application (2) Gather required documents based on your business structure, (3) Complete an online HUB Certification Request [www.doa.nc.gov/hub](http://www.doa.nc.gov/hub) and (4) Mail your completed package to the address above.

**To initiate HUB Re-Certification or HUB Update:** (1) Login to your current vendor profile in the Vendor Link system, (2) Select *Update HUB Information* and (3) Click on *Add/Modify HUB Information*. Applicants for Re-Certification must complete a new SWUC Application and submit the required documents.

**Section 1. General Information**

Name of Firm

Contact Name

Title

Business Phone #

Cell Phone #

Fax #

Pager #

Website

Email Address

Addresses

Physical (no post office boxes)

Mailing (only if different from physical address)

County

**Section 2. Company's Information**

**Firm's Identification**

Legal Name of Firm

Unique Identifier for firm  
(Select One)

☐ FEIN \_\_\_\_\_

☐ DUNS \_\_\_\_\_

☐ OTHER \_\_\_\_\_

Method of Acquisition

- ☐ Started new business
- ☐ Bought existing business
- ☐ Merger or consolidation
- ☐ Inherited business
- ☐ Other

**Firm's Profile**

Business structure

- ☐ Corporation (including PLLC)
- ☐ Limited Liability Company
- ☐ Partnership (including LLP)
- ☐ Sole Proprietorship

Date Firm was established

**Firm's Relationship with Other Businesses**

Is your firm co-located at any of its business locations with any other business, organization, or entity? If yes, who?

Does your firm, at any of its business locations, share a phone number, P.O. box, office space, yard, warehouse, facilities, equipment or office staff with any other business, organization, or entity? If yes, who?

Do any of your immediate family members own or manage another company? If yes, explain.

Has any other firm had an ownership interest in your firm at present or at any time in the past?

At present, or at any time in the past, has your firm:

- Been a subsidiary of another firm? Y or N
- Consisted of a partnership in which one or more of the partners are other firms? Y or N
- Owned a percentage of another firm? Y or N
- Had any subsidiaries? Y or N
- Operated under a franchise agreement? Y or N

**Section 3. Ownership Information (*Ownership percentages must total 100*)**

If there are more than two owners, attach a separate sheet.

**Owner #1**

Name		Title		Contact Phone #
Race/Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/> American Indian		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No  Disadvantaged (currently certified) <input type="checkbox"/>	Are you a U.S. Citizen or permanent resident alien of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Percentage of ownership	Date applicant acquired ownership	Initial Investment to Acquire Ownership <input type="checkbox"/> Cash: \$ _____ <input type="checkbox"/> Real Estate: \$ _____ <input type="checkbox"/> Equipment: \$ _____ <input type="checkbox"/> Expertise: \$ _____		
# of shares owned				
Are you related by blood or marriage to any of the other owners? If yes, who?				
Do you own any other businesses?				

Do you perform a supervisory or management function for another firm?					
Do you work for any company, organization or entity that has a relationship with this firm?					
Identify the daily management functions for which you are responsible by placing a check mark in the appropriate box below:					
<input type="checkbox"/> Financial Decision making		<input type="checkbox"/> Office Management			
<input type="checkbox"/> Hiring/Firing of management personnel		<input type="checkbox"/> Field/Production Operations/Supervisor			
<input type="checkbox"/> Estimating and Bidding		<input type="checkbox"/> Purchasing of Major Equipment			
<input type="checkbox"/> Marketing / Sales		<input type="checkbox"/> Negotiating and Contract Execution			
<input type="checkbox"/> Authorized to make Financial Transactions		<input type="checkbox"/> Authorized to Sign Company Checks (For any purpose)			
<b>Owner #2</b>					
Name		Title		Contact Phone #	
Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/> American Indian		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No  Disadvantaged (currently certified) <input type="checkbox"/>	
Are you a U.S. Citizen or permanent resident alien of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Percentage of ownership		Date applicant acquired ownership		Initial Investment to Acquire Ownership <input type="checkbox"/> Cash: \$ _____ <input type="checkbox"/> Real Estate: \$ _____ <input type="checkbox"/> Equipment: \$ _____ <input type="checkbox"/> Expertise: \$ _____	
# of shares owned					
Are you related by blood or marriage to any of the other owners? If yes, who?					
Do you own any other businesses?					
Do you perform a supervisory or management function for another firm?					
Do you work for any company, organization or entity that has a relationship with this firm?					
Identify the daily management functions for which you are responsible by placing a check mark in the appropriate box below:					
<input type="checkbox"/> Financial Decision making		<input type="checkbox"/> Office Management			
<input type="checkbox"/> Hiring/Firing of management personnel		<input type="checkbox"/> Field/Production Operations/Supervisor			
<input type="checkbox"/> Estimating and Bidding		<input type="checkbox"/> Purchasing of Major Equipment			
<input type="checkbox"/> Marketing / Sales		<input type="checkbox"/> Negotiating and Contract Execution			
<input type="checkbox"/> Authorized to make Financial Transactions		<input type="checkbox"/> Authorized to Sign Company Checks (For any purpose)			
List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years ( <i>attach additional sheets if needed</i> ):					
Contribution/Asset	Dollar Value	From Whom Transferred	To Whom Transferred	Relationship	Date of Transfer
1.					
2.					
3.					

**Section 4. Control****A. Officers and Board of Directors**

Identify your firm's Officers &amp; Board of Directors (If additional space is required, attach a separate sheet):

	Name	Title	Date Appointed	Ethnicity	Gender
1. Officers of the Company	(a)				
	(b)				
	(c)				
	(d)				
	(e)				
2. Board of Directors	(a)				
	(b)				
	(c)				
	(d)				
	(e)				

3. Do any of the persons listed above perform a management or supervisory function for any other business? ☐ Yes ☐ No If Yes, identify for each:

Person: \_\_\_\_\_ Title: \_\_\_\_\_

Business: \_\_\_\_\_ Function: \_\_\_\_\_

4. Do any of the persons listed above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? ☐ Yes ☐ No If Yes, identify for each:

Firm Name: \_\_\_\_\_ Person: \_\_\_\_\_

Nature of Business Relationship: \_\_\_\_\_

**B. Daily Management Functions )**

Identify your firm's management personnel (non-owners) who control your firm in the following areas (If more than two persons, attach a separate sheet):

	Name	Title	Ethnicity	Gender
(1) Financial Decisions (responsibility for acquisition of lines of credit, surety bonding, supplies, etc.)	a.			
	b.			
(2) Estimating and bidding	a.			
	b.			
(3) Negotiating and Contract Execution	a.			
	b.			
(4) Hiring/firing of management personnel	a.			
	b.			
(5) Field/Production Operations Supervisor	a.			
	b.			
(6) Office management	a.			
	b.			
(7) Marketing/Sales	a.			
	b.			
(8) Purchasing of major equipment	a.			
	b.			
(9) Authorized to Sign Company Checks (for any purpose)	a.			
	b.			
(10) Authorized to make Financial Transactions	a.			
	b.			

(11) Does your firm rely on any other firm for management functions or employee payroll? ☐ yes ☐ no  
If yes, explain.

C. Professional Licenses			
List current licenses /permits held by any owner and/or employee of your firm (e.g., contractor, engineer, architect, etc.)			
Name of License or Permit Holder	Type of License/Permit	Expiration Date	License Number and State
a)			
b)			
c)			

#### Section 5. References

Please provide two <b>business</b> references	Name: _____	Name: _____
	Address: _____	Address: _____
	_____	_____
	Phone: _____	Phone: _____

Section 6. Other Certifications	
Please check and <b>submit</b> certification(s) currently held by your firm:  <input type="checkbox"/> DBE (Any State Departments of Transportation) <input type="checkbox"/> SBA 8(a) <input type="checkbox"/> Home State Certification <input type="checkbox"/> Other (Specify) _____	What is the date of your most recent site visit? ____ / ____ / ____  Performed by (Agency): _____  Contact Name: _____  Agency Phone: (     ) ____ - ____

I understand that the HUB Office may access all publically available information in reviewing my firm's application.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**NOTE: TO AVOID DELAY IN PROCESSING YOUR CERTIFICATION, PLEASE CHECK YOUR APPLICATION AND SUPPORTING DOCUMENTS TO ENSURE ALL REQUIRED INFORMATION IS INCLUDED.**