N.C. DEPARTMENT OF ADMINISTRATION

OFFICE FOR HISTORICALLY UNDERUTILIZED BUSINESSES (HUB OFFICE)

1336 Mail Service Center, Raleigh, NC 27699-1336 • (984) 236-0130 • Fax (919)-807-2335

Website: ncadmin.nc.gov/businesses/hub • Email Address: huboffice.doa@doa.nc.gov



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 by clicking https://vendor.ncgov.com/vendor/login, then click "Vendor Not Registered. Register Now, Complete the Registration Process (4) Mail your completed package to the address above.

To initiate HUB Re-Certification or HUB Update: (1) Go to https://vendor.ncgov.com/vendor/login, (2) Enter your User ID and Password (if you have forgotten ID/Password call NC electronic Vendor Portal Helpdesk at 1-888-211-7440, option 2 or by email at vendor@nc.gov), (3) Click the HUB Certification tab, (4).Complete the "HUB Ownership Information" (Update any information and change the number of years owned), (5) Click "Next", (6) Click on "Logout". (7) Applicants for Re-Certification must complete the SWUC Application for Recertification and (8) submit the required documents based on your business structure.

Section 1. General Information				
Name of Firm				
Contact Name	Title			
Business Phone #	Cell Phone #			
Fax #	Pager #			
Website	Email Address			
Website				
Addresses				
Physical (no post office boxes)	Mailing (only if different from physical address)			
County				
County				
Section 2. Com	pany Information			
Firm's Ide	ntification			
Legal Name of Firm				
Unique Identifier for firm (Select One)	Method of Acquisition			
	Started new business			
□ FEIN	Bought existing business			
DUNS	Merger or consolidation			
OTHER	Inherited business			
	□ Other			

Firm's Profile Business structure					
 Corporation (including P 	LLC)		Date Firm was established		
Limited Liability Compar	ıy				
Partnership (including Ll	_P)				
Sole Proprietorship					
Joint Venture					
□ . Firm's Relationship with O	ther Busin	esses			
•			ith any othe	er business, or	rganization, or entity? If yes, who?
					<i></i>
facilities, equipment or office					, office space, yard, warehouse, ? If yes, who?
Do any of your immediate fai	mily membe	ers own or mana	age another	company? If	yes, explain.
	5		0		
Has any other firm had an ov	vnership int	erest in your firr	n at presen	t or at any tim	e in the past?
At present, or at any time in t					
 Been a subsidiary of Consisted of a partr 			o of the na	there are othe	ar firms 2 V or N
 Owned a percentag 	e of anothe		e or the par		
Had any subsidiarieOperated under a fr		comont? V or	N		
Section 3. Ownership Info	ormation (C	wnership perce	entages mu	st total 100)	
If there are more than two owne	ers, attach a s	separate sheet.			
Owner #1					
Name		Title			Contact Phone #
Ethnicity:		Gender	Di	sabled	Are you a U.S. Citizen or
□ Black□ Hispanic		□ Male □ Fema	lo	□ Yes □ No	permanent resident alien of the U.S.?
 Hispanic Asian American 			le		
American Indian			Di	sadvantaged	□ No
Percentage of ownership	Date appli	cant acquired	Ini	tial Investmen	t to Acquire Ownership
5 1	ownership	I		<u> </u>	•
			Cash: \$ Real Estate: \$ Equipment: \$		
# of shares owned		se: \$			
Are you related by blood or marriage to any of the other owners? If yes, who?					
Do you own any other businesses?					
				<u> </u>	
Do you perform a supervisor	y or manag	ement 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:

Financial Decision making	Office Management
Hiring/Firing of management personnel	Field/Production Operations/Supervisor
Estimating and Bidding	Purchasing of Major Equipment
Marketing / Sales	Negotiating and Contract Execution
Authorized to make Financial Transactions	 Authorized to Sign Company Checks (For any purpose)
Owner #2	

• • • • • • • • •								
Name		Title			Contact Phone #			
Ethnicity:		Gender		Disabled	Are you a U.S. Cit	izen or		
□ Black		Male		Yes	permanent resider			
Hispanic		Fema	le	□ No	the U.S.?			
Asian American				Disadvantaged	Yes			
American Indian				□	□ No			
Percentage of ownership	Date appli	cant acquired		Initial Investment to	Acquire Ownership			
r ereentage er ennerensp	ownership	sant acquirea		□ Cash: \$				
	ownoromp				e: \$			
				□ Equipment:	, φ \$	_		
# of shares owned				Equipment.	\$	_		
					P	_		
Are you related by blood o		any of the other	owners	? If yes, who?				
Do you own any other bus	inesses?							
Do you perform a supervis	ory or manage	ement function	for anoth	er firm?				
Do you work for any compa	any, organizat	ion or entity tha	t has a r	elationship with this f	irm?			
Identify the daily manage	ment functions	s for which you	are resp	onsible by placing a o	check mark in the ap	ppropriate		
box below:			•					
Financial Decision making Office Management								
□ Hiring/Firing of management personnel □			Field/Production Operations/Supervisor					
Estimating and Bidding			Purchasing of Major Equipment					
Marketing / Sales				Negotiating and Contract Execution				
Authorized to make			Authorized to Sign	Company Checks (For any				
				purpose)				
List all contributions or tra	ansfers of asse	ets to/from your	firm and	to/from any of its ow	ners over the past t	wo years		
(attach additional sheets	if needed):	-		-		-		
Contribution/Asset	Dollar Value	From W	hom	To Whom	Relationship	Date of		
	Boliai Value	Transfer		Transferred	rtolationip	Transfer		
		Tranoroi	i o u	rianoioriou		rianoror		
1.								
2.								

3.

Identify yo	ers and Board of Directors ur firm's Officers & Board of	Directors (If additional sp	and is required attach a se		
			асе is required. апасл а se	eparate sheet):	
	Name	Title	Date Appointed	Ethnicity	Gender
1. Officer	()				
of the Compa	an (b)				
у	(C)				
	(d)				
	(e)				
 Board Director 	()				
Directo	(d)				
	(C)				
	(d)				
	(e)	famma a manual an anna a	m is smither franchisco franchisco staro		
	/ of the persons listed above per identify for each: Person:				res[]No
	Business:	F	unction:		
intere	y of the persons listed above ov st, shared office space, financia y for each: Firm Name:	investments, equipment, lea	ises, personnel sharing, etc.)?	?[]Yes[]No	
Nature	e of Business Relationship:				
B. Daily	Management Functions)				
	ur firm's management perso	nnel (non-owners) who co	ontrol your firm in the follov	<i>ving areas</i> (If n	nore than
		wo persons, attach a sepa	arate sheet):		
		Name	Ti	tle Ethnicity	
(1) Financia	I Decisions (responsibility for	a.			der
acquisition (of lines of credit, surety				
	pplies, etc.)	b.			
2) Estimati	ng and bidding	a.			
	in a and Constra at Eve aution	b.			
(3) Negotiat	ing and Contract Execution	a.			
		b.			
(4) Hiring/fir	ing of management personnel	а.			
		b.			
	oduction Operations	а.			
Supervisor		b.			
(6) Office management		a.			
		b.			
(7) Marketir	g/Sales	а.			
	þ.				
(8) Purchasing of major equipment		a.			
	ing of major oquipmont	b.			
(O) Auther!-	ad to Sign Company Obsel				
(9) Authoriz (for any pur	ed to Sign Company Checks	a.			
	, , , , , , , , , , , , , , , , , , ,	b.			
	zed to make Financial	a.			
(10) Authori					
Transaction		b.			

C. Professional Licenses					
List current licenses /permits held by	/ any owner and/or employee of your	firm (e.g., cor	ntractor,	, engineer, architect, etc.)	
Name of License or Permit Holder	Type of License/Permit	Expiration Date	on	License Number and State	
a)					
b)					
c)					
Section 5. References					
Please provide two business					
references	Name:		Name:		
	Address:		Address:		
	Phone:		Phone:		
Section 6. Other Certification	S				
	or certifications currently held by			he date of your most recent site	
firm.		vis	sit?		
DBE (Any State Depart	DBE (Any State Departments of Transportation)		//		
□ SBE 8(a)					
		Pe	ertorme	ed by (Agency):	
Home State Certification	n				
Other (Specify)			Contact Name:		
		Α.			
		Ag	jency F	Phone: ()	

Section 7. NC Small Business Enterprise Certification (NCSBE)

Please check the box below:

□ I would like to apply for NC Small Business Enterprise Certification, in addition to HUB Certification.

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.