

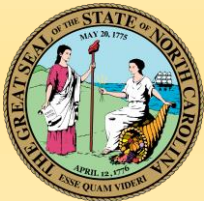
North Carolina  
Department of Administration  
Office for Historically Underutilized Businesses



**STATEWIDE UNIFORM CERTIFICATION PROGRAM  
PROCEDURES MANUAL**

*Tammie Hall*

Assistant to the Secretary for HUB Outreach  
Division Director



NORTH CAROLINA DEPARTMENT OF ADMINISTRATION  
OFFICE FOR HISTORICALLY UNDERUTILIZED BUSINESSES

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**STATEWIDE UNIFORM CERTIFICATION PROCEDURES MANUAL  
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# **Section I: Policy, Mission, Purpose**

## **1. Introduction**

This manual contains the policies, standards and processes for evaluating applications for certification, recertification and denial review under the Statewide Uniform Certification Program.

### **1.1 POLICY STATEMENT**

The North Carolina Department of Administration's Office for Historically Underutilized Businesses (HUB Office) is committed to striving to reduce barriers to Historically Underutilized Businesses (HUB) participation in contracts for goods and services acquired by state agencies, community colleges, municipalities, institutions, public schools and universities. The Office for Historically Underutilized Businesses certifies firms under North Carolina General Statutes 143-48.4 and 143-128.4.

### **1.2 MISSION**

To promote economic opportunities for historically underutilized businesses in state government contracting and procurement that will foster their growth and profitability.

### **1.3 PURPOSE**

The Statewide Uniform Certification Program (SWUC) was developed for the three-fold purpose of streamlining the certification of historically underutilized businesses, provide a set of uniform standards and procedures through which firms could be certified, and provide for a single database that houses information for all firms certified to participate in Statewide Uniform Certification and any local minority business program.

North Carolina General Assembly passed the Statewide Uniform Certification legislation in July 2007, which was signed on August 19, 2007. This legislation directed the Department of Administration to develop and administer a statewide certification program for the certification of historically underutilized businesses for use by state departments, agencies, institutions, and political subdivisions of the state.

The SWUC Program streamlines the certification process for participants by reducing the number of public sector entities by which businesses must apply for certification. Except for the consolidation of certification functions within the HUB Office, the fundamental tenets of the SWUC Program administered by these public entities remain unchanged.

The SWUC Program provides for a centralized, uniform, comprehensive, statewide database of certified HUB firms which will be used by local and state entities for HUB participation and reporting purposes.

This document outlines the standards and procedures that will be used by the HUB Office to accomplish the state's certification goals with optimal efficiency.

## **2. APPLICABILITY**

Participation in the Statewide Uniform Certification Program is required by all entities that administer or maintain a Minority and Women Business Program and use a database of minority and/or women vendors to set and/or meet contract goals.

The HUB Office shall make all certification decisions on behalf of all entities.

1. Certification decisions by the HUB Office shall be binding on all entities within the State of North Carolina.
2. All entities in the state will honor this streamlined certification process to applicants for certification, such that an applicant is required to apply only once for a HUB certification.

## **3. STATEMENT OF UNDERSTANDING**

The HUB Office does not attest to the ability, capacity, or standards of performance of any vendor certified as a HUB through this Program. The certification granted through this Program affirms that the participant meets the standards of eligibility as described herein. State departments, agencies, institutions, and political subdivisions are encouraged to develop a prequalification process to ensure firms meet their expected standards of performance, are able to acquire necessary bonding and insurance, have required local privilege licenses, and are otherwise qualified to be added to the entity's approved vendor list.

## Section II: Standards & Processes

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### 1. HUB ELIGIBILITY STANDARDS

In determining whether to certify a firm as eligible to participate as a HUB, the following standards apply:

The firm seeking certification has the burden of demonstrating to the HUB Office by a preponderance of the evidence, that it meets the requirements of this section concerning operational status, group membership, disability, or social and economic disadvantage, ownership, and control.

Eligible groups include persons who are citizens or lawful permanent residents of the United States and who are:

- a. Black – a person having origins in any of the black racial groups in Africa;
- b. Hispanic -a person of Spanish or Portuguese culture with origins in Mexico, South or Central America, or the Caribbean Islands, regardless of race;
- c. Asian American -a person having origins in any of the original peoples of the Far East, Southeast Asia and Asia, the Indian subcontinent or the Pacific Islands;
- d. American Indian - a person having origins in any of the original peoples of North America;
- e. Female;
- f. Disabled – a person with a disability as defined in G.S. 168A-3,
- g. Disadvantaged – a person who is eligible as defined in 15 USC 637. These individuals have successfully demonstrated that they are socially eligible and have been subjected to racial or ethnic prejudice or cultural bias because of their identity as a member of a group without regard to their individual qualities. Additionally, these socially disadvantaged individuals' 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 business area that are not socially eligible.

In the HUB certification process, ethnicity takes precedence.

01NCAC 44A .0101

History Note: Authority NCGS 143-43.4; 143-128.4  
Effective March 1, 2008

## **2. HUB CERTIFICATION PROCEDURES**

### **2.1 Burdens of Proof**

Firms seeking certification have the burden of demonstrating to the HUB Office, by a preponderance of the evidence, that it meets the requirements of the Statewide Uniform Certification Program concerning operational status, group membership, ownership, and control.

The HUB Office makes determinations concerning whether individuals and firms have met their burden of demonstrating operational status, group membership (or disability, or social and economic disadvantage), ownership, and control by considering all the facts in the record, viewed as a whole.

### **2.2 Certification Standards and Procedures**

In determining whether a firm is eligible for participation as a HUB, the Statewide Uniform Certification Program will use the following standards.

#### **Operational Status**

- 1) The firm must demonstrate that they are an on-going, fully operational business entity. This means that the HUB Office does not certify business concepts, or well-intentioned plans to commence operations in the future.
- 2) The HUB Office must not discriminate on the basis that a firm is a newly formed business.

#### **Group Membership**

- 1) The HUB Office requires the business individual to demonstrate, by a preponderance of the evidence, that it is eligible. The HUB Office may require the applicant/owner to produce at least one piece of appropriate documentation to substantiate group membership.
- 2) If the HUB Office determines that an individual claiming to be an eligible owner is not a member of an eligible group, the individual owner may demonstrate eligibility on an individual basis.
- 3) Decisions made by the HUB Office concerning membership in a designated group are subject to the Right of Review (Section 13), if denied.

**Note:** In the HUB certification process, ethnicity takes precedence.

### **2.3 Disability**

According to G.S. 168A-3, a person with a disability is any person who (i) has a physical or mental impairment which substantially limits one or more major life activities; (ii) has a record of such an impairment; or (iii) is regarded as having such an impairment. The term:

- a. "Physical or mental impairment" means (i) any physiological disorder or abnormal condition, cosmetic disfigurement, or anatomical loss, caused by bodily injury, birth defect or illness, affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or (ii) any mental disorder, such as mental retardation, organic brain syndrome, mental illness, specific learning disabilities, and other developmental disabilities, but (iii) excludes (A) sexual preferences; (B) active alcoholism or drug addiction or abuse; and (C) any disorder, condition or disfigurement which is temporary in nature leaving no residual impairment.
- b. "Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.
- c. "Has a record of such an impairment" means has a history of, or has been classified as having, a mental or physical impairment that substantially limits major life activities.
- d. "Is regarded as having an impairment" means (i) has a physical or mental impairment that does not substantially limit major life activities but that is treated as constituting such a limitation; (ii) has a physical or mental impairment that substantially limits major life activities because of the attitudes of others; or (iii) has none of the impairments defined in paragraph a. of this subdivision but is treated as having such an impairment.

An owner applying for Statewide Uniform Certification may submit a current, valid certification of disability from or recognized by the Social Security Administration, Department of Veterans Affairs, or other governmental agencies, which are authorized to determine qualification for disability benefits. In circumstances where a current, valid certification of disability from one of the agencies described above is unavailable, an individual may submit a Disability Affidavit completed by a physician licensed to practice medicine in the State of North Carolina.

### **2.4 Socially and Economically Disadvantaged (15 USC 637)**

A presumption is made that citizens of the United States (or lawfully admitted permanent residents) who are women, Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, Subcontinent Asian Americans, or other minorities found to be eligible by the SBA or through USDOT's Disadvantaged Business Enterprise Program, are eligible individuals.

Therefore, if a firm applying for HUB Certification has a current, valid certification from or recognized by the U.S. Department of Transportation as a Disadvantaged Business Enterprise (DBE), or SBA under the 8(a) or Small and Disadvantaged Business (SDB) Program, the SWUC Program may accept the firm's 8(a), SDB, or DBE certification to determine the eligible individuals socially and economically disadvantaged status. The firm is still expected to submit the standard supporting certification documentation.

## **2.5 Ownership**

In determining whether the participants in a firm own the firm, the HUB Office must consider all the facts in the record, viewed as a whole.

- A. To be an eligible HUB, a firm must be at least 51 percent owned by eligible individuals.
  - 1. In the case of a corporation, such individuals must own at least 51 percent of each class of voting stock outstanding and 51 percent of the aggregate of all stock outstanding.
  - 2. In the case of a partnership, 51 percent of each class of partnership interest must be owned by eligible individuals. Such ownership must be reflected in the firm's partnership agreement.
  - 3. In the case of a limited liability company, at least 51 percent of each class of member interest must be owned by eligible individuals.
- B. The firm's ownership by eligible individuals must be real, substantial, and continuing, going beyond pro forma ownership of the firm as reflected in ownership documents. The eligible owners must enjoy the customary incidents of ownership and share in the risks and profits commensurate with their ownership interests, as demonstrated by the substance, not merely the form, of arrangements.
- C. The contributions of capital or expertise by eligible owners to acquire their ownership interests must be real and substantial. Examples of insufficient contributions include a promise to contribute capital, an unsecured note payable to the firm or an owner who is not eligible or mere participation in a firm's activities as an employee. Debt instruments from financial institutions or other organizations that lend funds in the normal course of their business do not render a firm ineligible, even if the debtor's ownership interest is security for the loan.
- D. In situations where expertise is relied upon as part of an eligible owner's contribution to acquire ownership, the owner's expertise must be (i) in a specialized field; (ii) of outstanding quality; (iii) in areas critical to the firm's operations; (iv) indispensable to the firm's potential success; (v) specific to the type of work the firm performs; and (vi) documented in the records of the firm. These records must clearly show the contribution of expertise and its value to the firm. In addition to expertise, the individual whose expertise is relied upon



must have a significant financial investment in the firm. In addition, ownership acquired through inheritance does not render a firm ineligible.

- E. The HUB Office applies the following rules in situations in which marital assets form a basis for ownership of a firm:

When marital assets (other than the assets of the business in question), held jointly or as community property by both spouses, are used to acquire the ownership interest asserted by one spouse, the HUB Office will deem the ownership interest in the firm to have been acquired by that spouse with his or her own individual resources, provided that the other spouse irrevocably renounces and transfers all rights in the ownership interest in the manner sanctioned by the laws of the state in which either spouse or the firm is domiciled. The HUB Office does not count a greater portion of joint or community property assets toward ownership than state law would recognize as belonging to the eligible owner of the applicant firm.

A copy of the document legally transferring and renouncing the other spouse's rights in the jointly owned or community assets used to acquire an ownership interest in the firm must be included as part of the firm's application for HUB certification.

- F. The HUB Office must not regard a contribution of capital as failing to be real and substantial, or find a firm ineligible, solely because an eligible individual acquired his or her ownership interest as the result of a gift, or transfer without adequate consideration, except as indicated above; there is a provision for the co-signature of a spouse who is not an eligible individual on financing agreements, contracts for the purchase or sale of real or personal property, bank signature cards, or other documents; or ownership of the firm in question or its assets is transferred for adequate consideration from a spouse who is not an eligible individual to a spouse who is such an individual.

## **2.6 Control**

In determining whether eligible owners control a firm, the HUB Office will consider all the facts in the record, viewed as a whole.

- A. Only an independent business may be certified as a HUB. An independent business is one that does not depend on its relationship with another firm or firms.

In determining whether a potential HUB is an independent business, the HUB Office must scrutinize relationships with non-HUB firms, in such areas as personnel, facilities, equipment, and other resources.

Recognition of a business as a separate entity for tax or corporate purposes is not necessarily sufficient to demonstrate that a firm is an independent business, owned and controlled by eligible individuals.

- B. The HUB Office will consider whether present or recent employer/ employee relationships between the eligible owner(s) of the potential HUB and non-HUB firms or persons associated with non-HUB firms compromise the independence of the potential HUB firm.

The HUB Office will examine the firm's relationships with prime contractors to determine whether a pattern of exclusive or primary dealings with a prime contractor compromises the independence of the potential HUB firm.

In considering factors related to the independence of a potential HUB firm, the HUB Office will consider the consistency of relationships between the potential HUB and non-HUB firms with normal industry practice.

- C. A HUB firm must not be subject to any formal or informal restrictions which limit the customary discretion of the eligible owners. There can be no restrictions through corporate charter provisions, by-law provisions, contracts or any other formal or informal devices (e.g., cumulative voting rights, voting powers attached to different classes of stock, employment contracts, requirements for concurrence by non-eligible partners, conditions precedent or subsequent, executory agreements, voting trusts, restrictions on or assignments of voting rights) that prevent the eligible owners, without the cooperation or vote of any non-eligible individual, from making any business decision of the firm. This paragraph does not preclude a spousal co-signature on documents as provided for in the Ownership section of this document.
- D. The eligible owners must possess the power to direct or cause the direction of the management and policies of the firm and to make day-to-day as well as long-term decisions on matters of management, policy and operations.
1. In a corporation, eligible owners must control the board of directors.
  2. In a partnership, one or more eligible owners must serve as general partners, with control over all partnership decisions.
  3. In a limited liability company, eligible owner must be the principle manager.
- E. Individuals who are not eligible may be involved in a HUB firm as owners, managers, employees, stockholders, officers, and/or directors. Such individuals must not, however, possess or exercise the power to control the firm.
- F. The eligible owners of the firm may delegate various areas of the management, policymaking, or daily operations of the firm to other participants in the firm, regardless of whether these participants are eligible individuals. Such delegations of authority must be revocable, and the eligible owners must retain the power to hire and fire any person to whom such authority is delegated. The managerial role of the eligible owners in the firm's overall affairs must be such that the HUB Office can reasonably conclude that the eligible owners exercise control over the firm's operations, management, and policy.

- G. The eligible owners must have an overall understanding of, and managerial and technical competence and experience directly related to, the type of business in which the firm is engaged and the firm's operations. The eligible owners are not required to have experience or expertise in every critical area of the firm's operations, or to have greater experience or expertise in a given field than managers or key employees. The eligible owners must have the ability to intelligently and critically evaluate information presented by other participants in the firm's activities and to use this information to make independent decisions concerning the firm's daily operations, management, and policymaking. Generally, expertise limited to office management, administration, or bookkeeping functions unrelated to the principal business activities of the firm is insufficient to demonstrate control.
- H. If state law requires the persons to have a license or other credential in order to own and/or control a certain type of firm, then the eligible persons who own and control a potential HUB firm of that type must possess the required license or credential. If state law does not require such a person to have such a license or credential to own and/or control a firm, the HUB Office must not deny certification solely on the ground that the person lacks the license or credential. However, the HUB Office may consider the absence of the license or credential as one factor in determining whether the eligible owners control the firm.
- I. The HUB Office may consider differences in remuneration between the eligible owners and other participants in the firm in determining whether to certify a firm as a HUB. Such consideration shall be in the context of the duties of the persons involved, normal industry practices, the firm's policy and practice concerning reinvestment of income, and any other explanations for the differences proffered by the firm. Decisions of the owner to forego a salary for the purpose of reinvestment into the firm must be documented in the official records of the firm.
- The HUB Office may determine that a firm is controlled by its eligible owner although that owner's remuneration is lower than that of some other participants in the firm. In a case where a non-eligible individual formerly controlled the firm, and an eligible individual now controls it, the HUB Office may consider a difference between the remuneration of the former and current controller of the firm as a factor in determining who controls the firm, particularly when the non-eligible individual remains involved with the firm and continues to receive greater compensation than the eligible individual.
- J. In order to be viewed as controlling a firm, an eligible owner cannot engage in outside employment or other business interests that conflict with the management of the firm or prevent the individual from devoting sufficient time and attention to the affairs of the firm to control its activities. For example, absentee ownership of a business and part-time work in a full-time firm are not viewed as constituting control. However, an individual could be viewed as controlling a part-time business that operates only on evenings and/or weekends, if the individual controls it all the time it is operating.
- K. An eligible individual may control a firm even though one or more of the individual's immediate family members (who themselves are not eligible

individuals) participate in the firm as a manager, employee, owner, or in another capacity. Except as otherwise provided in this paragraph, the HUB Office may make a judgment about the control the eligible owner exercises vis-à-vis other persons involved in the business as the HUB Office does in other situations, without regard to whether the other persons are immediate family members.

If the HUB Office cannot determine that the eligible owners--as distinct from the family as a whole--control the firm, then the eligible owners have failed to carry their burden of proof concerning control, even though they may participate significantly in the firm's activities.

- L. Where a firm was formerly owned and/or controlled by a non-eligible individual (whether or not an immediate family member), ownership and/or control were transferred to an eligible individual, and the non-eligible individual remains involved with the firm in any capacity, the eligible individual now owning the firm must demonstrate to the HUB Office, by a preponderance of the evidence, that:
  - 1. The transfer of ownership and/or control to the eligible individual was made for reasons other than obtaining certification as a HUB; and
  - 2. The eligible individual controls the management, policy, and operations of the firm, notwithstanding the continuing participation of a non-eligible individual who formerly owned and/or controlled the firm.
- M. In determining whether a firm is controlled by its eligible owners, the HUB Office may consider whether the firm owns equipment necessary to perform its work. However, the HUB Office may not determine that a firm is not controlled by eligible individuals solely because the firm leases, rather than owns, such equipment, where leasing equipment is a normal industry practice and the lease does not involve a relationship with another party that compromises the independence of the firm.
- N. A business operating under a franchise or license agreement may be certified if it meets the standards described herein and the franchiser or licensor is not affiliated with the franchisee or licensee. In determining whether affiliation exists, the HUB Office should generally not consider the restraints relating to standardized quality, advertising, accounting format, and other provisions imposed on the franchisee or licensee by the franchise agreement or license, provided that the franchisee or licensee has the right to profit from its efforts and bears the risk of loss commensurate with ownership. Alternatively, even though a franchisee or licensee may not be controlled by virtue of such provisions in the franchise agreement or license, affiliation could arise through other means, such as common management or excessive restrictions on the sale or transfer of the franchise interest or license.

In order for a partnership to be controlled by eligible individuals, any non-eligible partners must not have the power, without the specific written concurrence of the eligible partner(s), to contractually bind the partnership or subject the partnership to contract or tort liability.

- O. The eligible individuals controlling a firm may use a staffing company. The use of such a company does not preclude the eligible individuals from controlling their firm if they continue to maintain an employer-employee relationship with the contracted employees. This includes being responsible for hiring, firing, training, assigning, and otherwise controlling the on-the-job activities of the employees, as well as ultimate responsibility for wage and tax obligations related to the employees.

01 NCAC 44A .0203

History Note: Authority: NCGS 143-48.4; 143-128.4  
Effective March 1, 2008

Statewide Uniform Certification Program  
Procedures Manual – Effective 09/2019  
Revisions: 08/2010; 01/2011; 04/2011; 10/2017

### 3. APPLICATION AND CERTIFICATION PROCESS

The purpose of the application process is to provide the HUB Office a standardized process for reviewing and approving or denying requests for certification as a Historically Underutilized Business. All applicants are required to complete the application process. A site visit or a phone interview will be conducted on an as needed basis; however, the HUB Office may rely upon agencies with comparable standards to supply a current site visit report. The method of requesting certification as a HUB is through the online process. In addition, the Statewide Uniform Certification Applications (*Appendix A, B, C*) must be submitted along with the required supporting documents.

In determining if a firm meets the standards of certification as described herein, the HUB Office may perform a site visit or telephone interview of the owner(s) of the firm. The HUB Office will interview the principal officers of the firm and review their resumes and/or work histories. For firms whose principle offices are located outside of North Carolina, the HUB Office may rely upon the site visit report of another agency whose certification standards meet or exceed the standards of this Program.

The HUB Office must make sure that the applicant attests to the accuracy and truthfulness of the information provided during the certification process. This shall be done by accepting the terms during the online request. After an acceptable application packet is received by the HUB Office, the documents are recorded into the database and are then given the status of "Received". The profile will then be marked "Packet Complete" indicating that all documentation was received.

#### **Process:**

The application packet is reviewed for completeness and basic eligibility. For incomplete application packets, a notice will be sent to the applicant. The notice will inform the applicant that the packet has been received but is missing specific documentation that is required to make a decision. The applicant will be allowed fifteen days to provide the required documentation. If required documentation has not been received within the initial fifteen day wait period, a second notice will be generated allowing the applicant an additional fifteen days to provide the required documentation. If required documentation is not received, the applicant will be sent a Withdrawal letter notifying them that the application has been administratively withdrawn. The applicant may reapply at any time. An applicant may withdraw their application at any time without a penalty. However, if the packet is made complete at any point in the withdrawal process, evaluation will begin.

The Certification Specialist will make a decision to approve or deny the application. If the application is approved, an "Approval" letter will be sent to the applicant. The applicant's status will be changed to "Approved" in the database and the directory is updated. If the application is denied, a "Denial" Letter will be sent to the owner of the firm. The applicant's status will be changed to "Denied" in the database. Right of Review consistent with the basis for denial is afforded the applicant.

The HUB Office will make decisions on applications for certification within 90 days of receiving a complete packet from the applicant firm.

01NCAC 44A .201

History Note: Authority NCGS 143-48.4; 143-128.4;  
Effective March 1, 2008;  
Amended Effective May 1, 2009

#### 4. DOCUMENTATION REQUIRED FOR CERTIFICATION

Based upon your company business structure (i.e. sole proprietorship, corporation), you are required to submit the following documentation to the HUB Office within 30 days of your application. Your packet will be reviewed by a Certification Specialist once you have submitted all required documents. Failure to submit the required documents within the specified time will result in an administrative withdrawal.

|                                     |                                                                                                                                                                                                                                                                    |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <b>All Applicants are required to submit the following documents:</b>                                                                                                                                                                                              |
|                                     | Statewide Uniform Certification Application. Application must be signed and dated                                                                                                                                                                                  |
|                                     | Work experience resumes for all owners. Include places of ownership/employment with corresponding dates                                                                                                                                                            |
|                                     | Current Copy of proof of citizenship or Permanent Residence (Birth Certificate, Passport, Voter's Registration Card, Green Card, Military ID, or Driver's License all must be up to date)                                                                          |
|                                     | Proof of Ethnicity based upon the ethnic groups identified in N.C.G.S. § 143-128.4 (b): Black, Hispanic, American Indian, or Asian American. Provide a copy of your Passport, Green Card, Birth Certificate or complete a signed and notarized Ethnicity Affidavit |
|                                     | Copies of Professional Licenses, if required                                                                                                                                                                                                                       |
|                                     | Schedule of Salaries paid to all officers, managers, owners, or directors of the firm. (W-2; Quick Books, or statement on company letterhead or email, if possible)                                                                                                |
|                                     | Copies of signed lease for office and storage space or a statement indicating location of business operation                                                                                                                                                       |
|                                     | List of equipment (leased or owned) along with signed lease agreements, titles/proof of ownership of the equipment needed to operate your business                                                                                                                 |
|                                     | Documented proof of contributions used to acquire ownership for each owner                                                                                                                                                                                         |
|                                     | Statement from your bank listing names of all persons who have signature authority on your business bank account                                                                                                                                                   |
|                                     | Two business letters of reference (who your firm have performed work for - include contact information)                                                                                                                                                            |
|                                     | Home state minority and/or disadvantaged business certification for out of state businesses                                                                                                                                                                        |
|                                     | Proof of disability, if applicable                                                                                                                                                                                                                                 |
|                                     | <b><i>Corporations must provide the following <u>additional</u> information:</i></b>                                                                                                                                                                               |
|                                     | Official Articles of Incorporation (signed by State Official)                                                                                                                                                                                                      |
|                                     | Both sides of all Corporate Certificates and Stock and Transfer Ledger                                                                                                                                                                                             |
|                                     | Assumed Name Certificate, if applicable                                                                                                                                                                                                                            |
|                                     | Shareholders Agreement                                                                                                                                                                                                                                             |
|                                     | Minutes of 1 <sup>st</sup> and most recent Stockholder and Board of Directors' Meetings                                                                                                                                                                            |
|                                     | Corporate Bylaws and any amendments                                                                                                                                                                                                                                |
|                                     | <b><i>Limited Liability Companies, including PLLC must also provide:</i></b>                                                                                                                                                                                       |
|                                     | Articles of Organization (LLC)                                                                                                                                                                                                                                     |
|                                     | Operating Agreement (LLC)                                                                                                                                                                                                                                          |
|                                     | <b><i>Partnerships, including LLP must also provide:</i></b>                                                                                                                                                                                                       |
|                                     | Partnership Agreement                                                                                                                                                                                                                                              |
|                                     | <b><i>Franchises must also provide:</i></b>                                                                                                                                                                                                                        |
|                                     | Franchise Agreement                                                                                                                                                                                                                                                |



The HUB Office shall take all necessary steps to safeguard information requested in compliance with State and federal law, including G.S. 14-113.2; 14-113.8(6); 132-1.2; and 132-1.10.

## **5. MAINTAINING CERTIFICATION**

Once the HUB Office has certified a HUB, the firm shall remain certified for a period of at least four years unless and until its certification has been removed through decertification procedures.

A HUB firm must inform the HUB Office in writing of any change in circumstances affecting its ability to meet eligibility status, ownership, or control requirements or any material change in the information provided in the application form.

1. The firm must attach supporting documentation describing in detail the nature of such changes.
2. The notice must take the form of an affidavit sworn to by the applicant before a person who is authorized by state law to administer oaths or of an unsworn declaration executed under penalty of perjury of the laws of the United States. The firm must provide the written notification within 30 days of the occurrence of the change. If the firm fails to make timely notification of such a change, the firm will be deemed to have failed to cooperate.

01 NCAC 44A .0202; 01 NCAC 44A .0301

History Note: Authority: NCGS 143-48(d1); 143-128.3(e1);  
Effective June 1, 2008;  
Amended Effective June 1, 2009

01 NCAC 44A .0207

History Note: Authority NCGS 143-48.4; 143-128.4;  
Effective March 1, 2008

## 6. STATUS UPDATE

While certified as a HUB, the firm must provide to the HUB Office, a **Status Update Affidavit** (Appendix D) sworn to by the firm's owners before a person who is authorized by state law to administer oaths or an unsworn declaration executed under penalty of perjury of the laws of the United States. This affidavit must affirm that there have been “changes to status” in the firm's circumstances affecting its ability to meet eligibility status, ownership, or control requirements or any material changes in the information provided in its application form. Any changes should also be reflected and modified in firm's vendor profile in the NC electronic Vendor Portal.

01 NCAC 44A .0204

History Note: Authority: NCGS 143-48.4; 143-128.4;  
Effective March 1, 2008;  
Amended Effective June 1, 2009

## **7. RECERTIFICATION**

A firm that is certified as a HUB will remain certified for a period of four years. In order to continue participation as a HUB firm, the owner must submit an application packet to the HUB Office in the manner described under “Application Process” for recertification as a HUB firm.

The HUB Office will make decisions on applications for certification within 90 days of receiving a complete packet from the applicant firm.

In determining if a firm continues to meet the standards of certification as described herein, the HUB Office may perform a site visit or a telephone interview with the owner(s). The HUB Office will interview the principal officers of the firm and review their resumes and/or work histories. For firms whose principle offices are located outside of North Carolina, the HUB Office may rely upon the site visit report of another agency whose certification standards meet or exceed the standards of the Statewide Uniform Certification Program.

01 NCAC 44A .0204 and .0207

History Note: Authority NCGS 143-48.4; 143-128.4  
Effective March 1, 2008;  
Amended June 1, 2009

## 8. DOCUMENTATION REQUIRED FOR RECERTIFICATION

Based upon your company business structure (i.e. sole proprietorship, corporation), you are required to submit the following documentation to the HUB Office within 30 days of your application. Your packet will be reviewed by a Certification Specialist once you have submitted all required documents. Failure to submit the required documents within the specified time will result in an administrative withdrawal.

|                                     |                                                                                                                                                                                                      |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <b>All Applicants are required to submit items 1-4:</b>                                                                                                                                              |
|                                     | 1. Statewide Uniform Certification Application for Recertification. <b>Application must be notarized.</b>                                                                                            |
|                                     | 2. Updated Current Copy of proof of citizenship or Permanent Residence (Birth Certificate, Passport, Voter's Registration Card, Green Card, Military ID, or Driver's License all must be up to date) |
|                                     | 3. Updated Copies of Professional Licenses, if required                                                                                                                                              |
|                                     | 4. Updated Home State Certification, if not a NC Firm                                                                                                                                                |
|                                     | <i><b>If your business structure has been updated or changed please provide the following additional information:</b></i>                                                                            |
|                                     | Updated Schedule of Salaries paid to all officers, managers, owners, or directors of the firm                                                                                                        |
|                                     | Updated Statement prepared and signed by your banking institution listing names of all persons who have signature authority on your business account, if there have been changes                     |
|                                     | <i><b>Corporations must provide the following additional information:</b></i>                                                                                                                        |
|                                     | Minutes of 1st and most recent stockholder and Board of Directors Meetings                                                                                                                           |
|                                     | Any amendments to Corporate bylaws                                                                                                                                                                   |
|                                     | <i><b>Limited Liability Companies, including PLLC must also provide:</b></i>                                                                                                                         |
|                                     | Any Amendments to Operating Agreement (LLC)                                                                                                                                                          |
|                                     | <i><b>Partnerships, including LLP must also provide:</b></i>                                                                                                                                         |
|                                     | Any Amendments to Partnership Agreement                                                                                                                                                              |
|                                     | <i><b>Franchises must also provide:</b></i>                                                                                                                                                          |
|                                     | Any Amendments to Franchise Agreement                                                                                                                                                                |

## 9. RECIPROCITY

A firm that is currently certified by an eligible state or organization for reciprocity, must submit an application to the HUB Office in the manner described under “Application Process” for reciprocity as a HUB firm. Reciprocity applications are accepted from the following surrounding states only: Georgia, North Carolina, South Carolina, Tennessee, Virginia and from select federal programs listed below.

The HUB Office will make decisions on applications for certification within 90 days of receiving a complete packet from the applicant firm.

In determining if a firm continues to meet the standards of certification as described herein, the HUB Office may perform a site visit or a telephone interview with the owner(s). The HUB Office may interview the principal officers of the firm and review their resumes and/or work histories. For firms whose principle offices are located outside of North Carolina, the HUB Office may rely upon the site visit report of another agency whose certification standards meet or exceed the standards of the Statewide Uniform Certification Program.

### **9.1 Surrounding State Certification Program in GA, NC, SC, TN, and VA** **or** **U.S. Small Business Administration 8(a) Business Development Program, Woman Owned Small Business, or U.S. Department of Veterans Affairs Service Disabled Veteran-Owned Business, or National Minority Supplier / Diversity Council Certification, or Women’s Business Enterprise National Council:**

If a firm applying for HUB Reciprocity has a current, valid certification in Georgia, North Carolina, South Carolina, Tennessee, or Virginia, the HUB Office will accept that certification when submitted with all other supporting certification documentation.

If a firm applying for HUB Reciprocity has a current, valid certification from or recognized by the U.S. Small Business Administration either as a 8(a) Business Development Program or a Woman Owned Small Business, or by the U.S. Department of Veterans Affairs as a Service Disabled Veteran-Owned Business, or a National Minority Supplier / Diversity Council Certification, or a Women’s Business Enterprise National Council, the HUB office will accept that certification or distinction when submitted with all other supporting certification documentation.

### **9.2 NC DOT DBE, MBE, or WBE:**

If a firm applying for HUB Reciprocity has a current, valid certification from the NC Department of Transportation as a Disadvantaged Business Enterprise (DBE), or Minority Business Enterprise (MBE), or Women Business Enterprise (WBE), the HUB Office will accept that certification when submitted with all other supporting certification documentation.

## 10. DOCUMENTATION REQUIRED FOR RECIPROCITY

You are required to submit the following documentation to the HUB Office within 30 days of your application. Your packet will be reviewed by a Certification Specialist once you have submitted all required documents. Failure to submit the required documents within the specified time will result in an administrative withdrawal.

|                                     |                                                                                                                                                                                                                                                                    |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <b><i>All Applicants are required to submit the following documents:</i></b>                                                                                                                                                                                       |
|                                     | Current copy of proof of citizenship or Permanent Residence (Birth Certificate, Passport, Voter's Registration Card, Green Card, Military ID, or Driver's License)                                                                                                 |
|                                     | Proof of Ethnicity based upon the ethnic groups identified in N.C.G.S. § 143-128.4 (b): Black, Hispanic, American Indian, or Asian American. Provide a copy of your Passport, Green Card, Birth Certificate or complete a signed and notarized Ethnicity Affidavit |
|                                     | Proof of disability, if applicable (Please provide a Disability Affidavit, note from your doctor or US Veterans Affairs Disability determination letter)                                                                                                           |
|                                     | <b><i>Federal Organization or Home State Certification Program in GA, NC, SC, TN, or VA must provide the following <u>additional</u> information:</i></b>                                                                                                          |
|                                     | Approval letter from your Federal and/or State certifying agency                                                                                                                                                                                                   |
|                                     | Copies of signed lease for office space or a statement on company letterhead indicating location of business                                                                                                                                                       |
| <input type="checkbox"/>            | <b><i>NC DOT DBE, MBE, WBE must provide the following <u>additional</u> information:</i></b>                                                                                                                                                                       |
|                                     | Approval letter from NC Department of Transportation                                                                                                                                                                                                               |

## **11. Decertification (Revocation)**

A review of a certified firm's eligibility may be initiated through a Third-Party Challenge submitted by a participating entity or third party.

### **11.1 Third-Party Challenge:**

Any person may file with the HUB Office a **Third-Party Challenge form** alleging that a currently certified firm is ineligible and specifying the alleged reasons why the firm is ineligible. The HUB Office will not accept a general allegation that a firm is ineligible or an anonymous complaint. The complaint may include any information or arguments supporting the complainant's assertion that the firm is ineligible and should not continue to be certified.

The HUB Office must review its records concerning the firm, any material provided by the firm and the complainant, and other available information. The HUB Office may request additional information from the firm.

If the HUB Office determines, based on this review, that there is reasonable cause to believe that the firm is ineligible, the HUB Office must provide written notice to the firm that the HUB Office proposes to find the firm ineligible, setting forth the reasons for the proposed determination. If the HUB Office determines that such reasonable cause does not exist, the HUB Office must notify the complainant and the firm in writing of this determination and the reasons for it.

All statements of reasons for findings on the issue of reasonable cause must specifically reference the evidence in the record on which each reason is based.

### **11.2 Grounds for Decertification:**

The HUB Office will not base a decision to remove a firm's eligibility on a reinterpretation or changed opinion of information available to the SWUC Program at the time of the firm's certification. The HUB Office may base such a decision only on one or more of the following with specific evidence to support the proposal to remove a firm's certification:

1. Firm's owner failed to cooperate with the Program's request for information
2. Firm's owner falsified a sworn statement
3. Firm no longer meets ownership eligibility standards
4. Firm no longer meets control and daily management eligibility standards
5. Firm is no longer owned by a qualifying individual
6. Decertification requested by firm's owner

7. Change in certification standards or requirements that render the firm ineligible
8. Initial certification decision was based on erroneous information
9. Information or evidence was not available at initial certification
10. Information was misrepresented or concealed by firm during initial certification
11. The business is ineligible to contract with the State of North Carolina pursuant to G.S. 143-59.

01 NCAC 44A .0501

History Note: Authority: NCGS 143-48.4; 143-128.4;  
Effective March 1, 2008;  
Amended Effective May 1, 2009



## **12. Proprietary**

The HUB Office shall safeguard identifying information submitted from unlawful disclosure pursuant to N.C.G.S. 14-113.20; 14-113.8; 132-1.10; 143-64.60; and consistent with other federal and State laws. Except as provided by the reference statutes above, all information received including data via the Internet and e-mail shall be considered public record, subject to public release and inspection. Therefore, the Office for Historically Underutilized Businesses makes no representations to the confidentiality of such information.

If requested, and submitted, any documentation received during the HUB Certification process becomes the property of the State of North Carolina. In no event shall the state be liable for any damages whatsoever arising out of or in connection with the use of information transmitted and received by the State.

## **13. Right of Review**

When a firm is denied certification or notified that there is reasonable cause to remove its eligibility, the HUB Office will give the firm an opportunity for review within the Department of Administration and the opportunity to appeal to the Office for Administrative Hearings pursuant to N.C. G.S. 150B.

### **13.1 Review:**

The firm may present information and arguments in writing for review by the HUB Director and must do so within fifteen (15) business days of the date of the denial or revocation. HUB Director will acknowledge receipt of request for review within seven (7) business days by mailing a written confirmation notice.

In a decertification (revocation) proceeding, the HUB Office bears the burden of proving, by a preponderance of the evidence, that the firm does not meet the certification standards. However, in a denial review proceeding, the firm seeking certification has the burden of demonstrating to the HUB Director, by a preponderance of the evidence, that it meets the requirements of the Statewide Uniform Certification Program concerning operational status, group membership (or disability, or social and economic disadvantage), ownership, and control.

### **13.2 Review Process:**

The review process provides the HUB Office a standardized method for reviewing certification decisions that negatively impact the applicant or participant. The review is an informal proceeding designed to provide the applicant or participant an objective opportunity to respond to the reasons for the denial of the firm's certification or the firm's decertification (revocation) and provide information and arguments to support their position.

The review process may be initiated by the applicant/participant upon receipt of a denial or decertification (revocation) letter generated by the HUB Office. The denial or decertification (revocation) letter will explain to the applicant why

the applicant was denied or decertified (revoked), provide review procedures, and a timeline to request a review.

The applicant or firm must inform the HUB Office, in writing, of the intent to request a review of the certification decision within fifteen (15) business days from the date of the denial or decertification (revocation) letter.

1. The firm must state the specific reason(s) why the denial or the decertification (revocation) was improper or in error based on the HUB eligibility requirements and the documentation submitted.
2. The review information is evaluated and a decision to uphold or overturn the original determination is rendered. If the decision of the HUB Director is to overturn the recommendation, the decision is administratively final.
3. The HUB Director shall render a written decision within 45 business days of receipt of the request.
4. If the HUB Director upholds the original determination, the applicant may file a contested case with the NC Office of Administrative Hearings pursuant to N.C.G.S. 150B.
5. The Request for Reviews should be sent to the Department of Administration, Office for Historically Underutilized Businesses, 1336 Mail Service Center, Raleigh, NC 27699-1336.

#### **14. Reapplication after Denial:**

Firms that are denied certification, or whose certification has been removed through the decertification (revocation) process, must:

1. Wait one full calendar year before a new application for certification will be accepted by the HUB Office.
2. Evaluations of certification eligibility will be conducted based on present circumstances.
3. The HUB Office must not refuse to certify a firm based solely on historical information indicating a lack of ownership or control of the firm by eligible individuals at some time in the past, if the firm currently meets the ownership and control standards.
4. A site visit may be conducted at the time of Reapplication.

01 NCAC 44A .0600

History Note: Authority NCGS 143-48.4; 143-128.4;  
Effective March 1, 2008;  
Amended Effective May 1, 2009

## Section III: Forms Appendix

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### APPENDIX

|                                                                                               |    |
|-----------------------------------------------------------------------------------------------|----|
| Statewide Uniform Certification Application ( <i>Appendix A</i> ).....                        | 28 |
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**N.C. DEPARTMENT OF ADMINISTRATION**  
**OFFICE FOR HISTORICALLY UNDERUTILIZED BUSINESSES (HUB OFFICE)**

1336 Mail Service Center, Raleigh, NC 27699-1336 • (919) 807-2330 • Fax (919)-807-2335

Website: [www.doa.nc.gov/hub](http://www.doa.nc.gov/hub) • Email Address: [huboffice.doa@doa.nc.gov](mailto: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](mailto: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.

|                                                                                                                                                                              |                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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                                                                                                                                                                       |                                                                                                                                                                                                                                                                                      |
| <b>Firm's Identification</b>                                                                                                                                                 |                                                                                                                                                                                                                                                                                      |
| Legal Name of Firm                                                                                                                                                           |                                                                                                                                                                                                                                                                                      |
| Unique Identifier for firm<br>(Select One)<br><br><input type="checkbox"/> FEIN _____<br><br><input type="checkbox"/> DUNS _____<br><br><input type="checkbox"/> OTHER _____ | Method of Acquisition<br><br><input type="checkbox"/> Started new business<br><br><input type="checkbox"/> Bought existing business<br><br><input type="checkbox"/> Merger or consolidation<br><br><input type="checkbox"/> Inherited business<br><br><input type="checkbox"/> Other |

| <b>Firm's Profile</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                                                                                                                                                      |                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Business structure<br><input type="checkbox"/> Corporation (including PLLC)<br><input type="checkbox"/> Limited Liability Company<br><input type="checkbox"/> Partnership (including LLP)<br><input type="checkbox"/> Sole Proprietorship<br><input type="checkbox"/> Joint Venture                                                                                                                                                                                                                                              |                                   | Date Firm was established <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>                                                                                  |                                                                                                                          |
| <b>Firm's Relationship with Other Businesses</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                                                                                                                                                                                                                      |                                                                                                                          |
| 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: <ul style="list-style-type: none"> <li><input type="checkbox"/> Been a subsidiary of another firm? Y or N</li> <li><input type="checkbox"/> Consisted of a partnership in which one or more of the partners are other firms? Y or N</li> <li><input type="checkbox"/> Owned a percentage of another firm? Y or N</li> <li><input type="checkbox"/> Had any subsidiaries? Y or N</li> <li><input type="checkbox"/> Operated under a franchise agreement? Y or N</li> </ul> |                                   |                                                                                                                                                                                                                                      |                                                                                                                          |
| <b>Section 3. Ownership Information</b> ( <i>Ownership percentages must total 100</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                                                                                                                                                      |                                                                                                                          |
| If there are more than two owners, attach a separate sheet.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                                                                                                                                      |                                                                                                                          |
| <b>Owner #1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                                                                                                                                                                                                      |                                                                                                                          |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   | Title                                                                                                                                                                                                                                |                                                                                                                          |
| Ethnicity:<br><input type="checkbox"/> Black<br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> Asian American<br><input type="checkbox"/> American Indian<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                             |                                   | Gender<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female                                                                                                                                                           | Disabled<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><br>Disadvantaged<br><input type="checkbox"/> |
| Are you a U.S. Citizen or permanent resident alien of the U.S.?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                                                                                                                                                                      |                                                                                                                          |
| Percentage of ownership                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date applicant acquired ownership | Initial Investment to Acquire Ownership<br><input type="checkbox"/> Cash: \$ _____<br><input type="checkbox"/> Real Estate: \$ _____<br><input type="checkbox"/> Equipment: \$ _____<br><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?                                                                                                    |              |                                                                              |                     |                                                                                                                                                                                           |                  |
| <b>Do you work for any company, organization or entity that has a relationship with this firm?</b>                                                                       |              |                                                                              |                     |                                                                                                                                                                                           |                  |
| 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:<br><input type="checkbox"/> Black<br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> Asian American<br><input type="checkbox"/> American Indian |              | Gender<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female   |                     | Disabled<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>Disadvantaged<br><input type="checkbox"/>                                                                      |                  |
| Are you a U.S. Citizen or permanent resident alien of the U.S.?                                                                                                          |              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                  |                     |                                                                                                                                                                                           |                  |
| Percentage of ownership                                                                                                                                                  |              | Date applicant acquired ownership                                            |                     | Initial Investment to Acquire Ownership                                                                                                                                                   |                  |
| # of shares owned                                                                                                                                                        |              |                                                                              |                     | <input type="checkbox"/> Cash: \$ _____<br><input type="checkbox"/> Real Estate: \$ _____<br><input type="checkbox"/> Equipment: \$ _____<br><input type="checkbox"/> Expertise: \$ _____ |                  |
| 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?                                                                                                    |              |                                                                              |                     |                                                                                                                                                                                           |                  |
| <b>Do you work for any company, organization or entity that has a relationship with this firm?</b>                                                                       |              |                                                                              |                     |                                                                                                                                                                                           |                  |
| 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 ( <i>responsibility for acquisition of lines of credit, surety bonding, supplies, etc.</i> ) | 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 the agencies or certifications currently held by your firm.<br><br><input type="checkbox"/> DBE (Any State Departments of Transportation)<br><input type="checkbox"/> SBE 8(a)<br><input type="checkbox"/> Home State Certification<br><input type="checkbox"/> Other (Specify) _____ | What is the date of your most recent site visit?<br>____ / ____ / ____<br>Performed by (Agency): _____<br>Contact Name: _____<br>Agency Phone: (    ) _____ - _____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|

I understand that the HUB Office may access all publicly 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**



N.C. DEPARTMENT OF ADMINISTRATION  
OFFICE FOR HISTORICALLY UNDERUTILIZED BUSINESSES  
1336 Mail Service Center, Raleigh, NC 27699-1336 ▪ (919) 807-2330 ▪ Fax (919)-807-2335  
Website: [www.doa.nc.gov/hub](http://www.doa.nc.gov/hub) ▪ Email Address: [huboffice.doa@doa.nc.gov](mailto:huboffice.doa@doa.nc.gov)



Statewide Uniform Certification Program

Statewide Re-Certification Application

Thank you for your interest in becoming Re-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 be HUB Re-Certified, you must continue to meet the following:**

1. The business must be at least 51% owned, controlled and managed by one or more citizens or lawful permanent residents 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 updated or changed 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 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 Re-Certification Application and submit it with the required documents.

| Section 1. General              |                                                   |       |
|---------------------------------|---------------------------------------------------|-------|
| Contact Name                    | Title                                             |       |
| Business Phone #                | Cell Phone #                                      | Fax # |
| Website                         | Email Address                                     |       |
| Addresses                       |                                                   |       |
| Physical (no post office boxes) | Mailing (only if different from physical address) |       |
| County                          |                                                   |       |

Section 2. Affidavit – Required Documents

Has firm continued to meet the required qualifications for HUB certification as stated in N.C. General Statute 143-128.4 to qualify as a historically underutilized business?

- ☐ If YES, proceed with Section-3 of Application on page #2 “RE-CERTIFICATION REQUEST FOR DOCUMENTS” and provide the required documents.
- ☐ If, there have been changes in ownership go to Section-4 of Application on page #3 and provide the required documents.

**SECTION – 4 “CHANGES TO OWNERSHIP, MANAGEMENT CONTROL, CITIZENSHIP OR  
ETHNICITY ELIGIBILITY REQUEST FOR OUTSTANDING DOCUMENTS”**

**Please review the list below and submit the information requested:**

1. New Statewide Certification Application – to include new owners
2. Work experience Resume for all new owners
3. Updated copy of Proof of Citizenship or Permanent Residence (Passport, Voter’s Registration Card, Green Card, Military-ID, or Drivers License)
4. Updated copies of Professional Licenses, if required
5. Updated Schedule of salaries paid to all officers, managers, owners, or directors of the firm
6. Updated Home State Certification, if not a NC firm
7. Proof of contributions to acquire ownership for all owners

**For Corporations:**

Minutes of most recent stockholder and board of directors meetings

Any amendments to corporate bylaws

**LLC or PLLC:**

Any amendments to operating agreement

**Partnerships, including LLP:**

Any amendments to partnership agreement

**Any material misrepresented will be grounds for denial or revocation of HUB Certification and/or all other action permitted under Federal and State laws concerning false and/or fraudulent statements.**

***\*There have been changes*** to the status of ownership, day-to-day management, control, citizenship or ethnicity eligibility of the business since our most recent certification or latest Annual Status Update Affidavit. *(If there have been changes, please login to Vendor Link NC at: <https://www.ips.state.nc.us/ips/vendor/vndpubmain.asp> to indicate the appropriate changes. Select “Change Vendor Information,” to access the login screen. Enter your **User ID** and **Password** (if you are unable to remember your User ID and password, please call 919-807-4502 for assistance). Once you have logged in, select “Add/Modify HUB Information” to provide the necessary information.)*

\_\_\_\_\_  
Signature of Owner(s) Title Date

\_\_\_\_\_  
Signature of Owner(s) Title Date

**NOTARY CERTIFICATE STATE OF** \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of Notary Public \_\_\_\_\_

County of residence \_\_\_\_\_

Date commission expires \_\_\_\_\_

NOTARY  
SEAL

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

1336 Mail Service Center, Raleigh, NC 27699-1336 • (919) 807-2330 • Fax (919)-807-2335

Website: <https://ncadmin.nc.gov/businesses/hub> • Email Address: [huboffice.doa@doa.nc.gov](mailto:huboffice.doa@doa.nc.gov)

**NC HUB RECIPROCITY APPLICATION**

You are using this reciprocity application because you are certified by one of the following certification entities listed below. To participate in the NC HUB Reciprocity Program, please follow the instructions below:

**To get started, you must register your business electronically in the electronic Vendor Portal (eVP):**  
<https://vendor.ncgov.com/vendor/login>. Click "Vendor Not Registered. Register Now" complete the registration process. In addition, you are required to submit the following documentation to the HUB Office within 30 days of your online request for certification.

**Firm Name:** \_\_\_\_\_ **Federal Tax ID** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Reciprocity applications are accepted from the following states only (circle your firm's home state)**

**Georgia      North Carolina      South Carolina      Tennessee      Virginia**

**Indicate which certification(s) your firm holds:**

**State Certification Program Name:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**US Small Business Administration**

- ☐ 8(a) Business Development Program  
☐ Woman Owned Small Business

Expiration Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**US Department of Veteran's Affairs**

- ☐ Service Disabled Veteran-Owned Small Business

Expiration Date: \_\_\_\_\_

- ☐ **National Minority Supplier/Diversity Council Certification**

Expiration Date: \_\_\_\_\_

- ☐ **Women's Business Enterprise National Council**

Expiration Date: \_\_\_\_\_

*\*Failure to submit the required documents within the specified time will result in an administrative withdrawal. All required documents must be addressed. (N/A's will not be accepted)*

*\*If any of the documentation required does not pertain to you or your business, please provide an explanation at the time of submission on your company's letterhead as to why the documentation requested does not pertain to you or your company.*

|                                     |                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <b>All Applicants are required to submit the following documents:</b>                                                                                                                                                                                                                                                                |
| <input type="checkbox"/>            | Approval letter from Federal and/or State certifying agency or any of the organizations mentioned above                                                                                                                                                                                                                              |
| <input type="checkbox"/>            | <b>Current Copy</b> of proof of citizenship or Permanent Residence (Birth Certificate, Passport, Voter's Registration Card, Green Card, Military ID, or Driver's License).                                                                                                                                                           |
| <input type="checkbox"/>            | Proof of Ethnicity, based upon the ethnic groups identified in N.C.G.S. § 143-128.4 (b): Black, Hispanic, American Indian, or Asian American. Provide a copy of your Passport, Green Card, Birth Certificate, if none of these documents prove ethnicity, then complete a signed and notarized <a href="#">Ethnicity Affidavit</a> . |
| <input type="checkbox"/>            | Copies of signed lease for office space or a statement on company letterhead indicating location of business                                                                                                                                                                                                                         |
| <input type="checkbox"/>            | Proof of disability, if applicable (Please provide a <a href="#">Disability Affidavit</a> , note from your doctor or US Veterans Affairs disability determination letter)                                                                                                                                                            |

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

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

Printed Name of Owner \_\_\_\_\_

Date \_\_\_\_\_

NOTE: TO AVOID DELAY IN PROCESSING YOUR CERTIFICATION, PLEASE CHECK YOUR APPLICATION, SUPPORTING DOCUMENTS TO ENSURE ALL REQUIRED INFORMATION IS INCLUDED AND REGISTER IN eVP <https://vendor.ncgov.com/vendor/login>. Click "Vendor Not Registered. Register Now"

Effective: 2/2018

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

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**DOT DBE / NC HUB RECIPROCITY APPLICATION**



**DBE Firm Name:** \_\_\_\_\_ **Federal Tax ID** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

You are using this reciprocity application because you have met the requirements for DBE Certification set forth in the Code of Federal Regulations (CFR) 49 part 26 of the US Department of Transportation DBE Program. To participate in the NC HUB/DBE Reciprocity Program, please follow the instructions below:

**Department of Transportation (DOT) State Name:** \_\_\_\_\_

- ☐ DBE Program      Expiration Date: \_\_\_\_\_
- ☐ WBE Program      Expiration Date: \_\_\_\_\_
- ☐ MBE Program      Expiration Date: \_\_\_\_\_

**To get started, you must register your business electronically in the electronic Vendor Portal (eVP):**  
<https://vendor.ncgov.com/vendor/login>. Click "Vendor Not Registered. Register Now" Complete the registration process. In addition, you are required to submit the following documentation (below) to the HUB Office within 30 days of your on-line request for certification.

*\*Failure to submit the required documents within the specified time will result in an administrative withdrawal. All required documents must be addressed. (N/A's will not be accepted)*

*\*If any of the documentation required does not pertain to you or your business, please provide an explanation at the time of submission on your company's letterhead as to why the documentation requested does not pertain to you or your company.*

|                                     |                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <b>All Applicants are required to submit the following documents:</b>                                                                                                                                                                                                                                                                |
| <input type="checkbox"/>            | Approval letter from your home state's Department of Transportation                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/>            | <b>Current Copy</b> of proof of citizenship or Permanent Residence (Birth Certificate, Passport, Voter's Registration Card, Green Card, Military ID, or Driver's License).                                                                                                                                                           |
| <input type="checkbox"/>            | Proof of Ethnicity, based upon the ethnic groups identified in N.C.G.S. § 143-128.4 (b): Black, Hispanic, American Indian, or Asian American. Provide a copy of your Passport, Green Card, Birth Certificate, if none of these documents prove ethnicity, then complete a signed and notarized <a href="#">Ethnicity Affidavit</a> . |
| <input type="checkbox"/>            | Proof of disability, if applicable (Please provide a <a href="#">Disability Affidavit</a> , note from your doctor or US Veterans Affairs disability determination letter)                                                                                                                                                            |

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Owner

NOTE: TO AVOID DELAY IN PROCESSING YOUR CERTIFICATION, PLEASE CHECK YOUR APPLICATION. SUPPORTING DOCUMENTS TO ENSURE ALL REQUIRED INFORMATION IS INCLUDED AND REGISTER IN eVP <https://vendor.ncgov.com/vendor/login>. Click "Vendor Not Registered. Register Now"

Effective: 2/2018  
Revised 8/2018



**Historically  
Underutilized Businesses**  
Department of Administration

## N.C. DEPARTMENT OF ADMINISTRATION

OFFICE FOR HISTORICALLY UNDERUTILIZED BUSINESSES (HUB OFFICE)

1336 Mail Service Center, Raleigh, NC 27699-1336 • (919) 807-2330 • Fax (919)-807-2335

Website: <http://ncadmin.nc.gov/businesses/hub> • Email Address: [huboffice.doa@doa.nc.gov](mailto:huboffice.doa@doa.nc.gov)

### STATUS UPDATE AFFIDAVIT

Please sign, date, notarize prior to sending to the HUB Office

I, \_\_\_\_\_ an owner of \_\_\_\_\_ (name of company), have full knowledge of the operations of this firm and hereby attest to the following:

|  |
|--|
|  |
|--|

### “CHANGES TO STATUS”

\_\_\_\_\_ There have been changes to the status of ownership, day-to-day management and/or control of the business since our most recent certification or latest Annual Status Update Affidavit. *(If there have been changes, please login to Vendor Link NC at <https://www.ips.state.nc.us/Vendor/Logon.aspx?ReturnUrl=VendorChangeMenu.aspx> to indicate the appropriate changes. Select “eVP Vendor Registration,” to access the login screen. Enter your **User ID** and **Password** (if you are unable to remember your User ID and password, please call 888-211-7440, option 2, for assistance). Once you have logged in, select “HUB Ownership Information” to provide the necessary information.)*

\_\_\_\_\_  
Signature of Owner(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

| NOTARY CERTIFICATE                                                  |       |
|---------------------------------------------------------------------|-------|
| STATE OF _____                                                      |       |
| COUNTY OF _____                                                     | } SS: |
| Subscribed and sworn to before me the _____ day of _____, 20 _____. |       |
| Signature of Notary Public _____                                    |       |
| County of residence _____                                           |       |
| Date commission expires _____                                       |       |



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**Statewide Uniform Certification Program**

**Disability Affidavit**

The Disability Affidavit is used to certify "Disability" as the basis of eligibility for an individual to participate in the Historically Underutilized Business (HUB) Program administered by the North Carolina Department of Administration.

According to G.S. 168A-3, a person with a disability is any person who (i) has a physical or mental impairment which substantially limits one or more major life activities; (ii) has a record of such an impairment; or (iii) is regarded as having such an impairment. The term:

- a. "Physical or mental impairment" means (i) any physiological disorder or abnormal condition, cosmetic disfigurement, or anatomical loss, caused by bodily injury, birth defect or illness, affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or (ii) any mental disorder, such as mental retardation, organic brain syndrome, mental illness, specific learning disabilities, and other developmental disabilities, but (iii) excludes (A) sexual preferences; (B) active alcoholism or drug addiction or abuse; and (C) any disorder, condition or disfigurement which is temporary in nature leaving no residual impairment.
- b. "Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.
- c. "Has a record of such an impairment" means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits major life activities.
- d. "Is regarded as having an impairment" means (i) has a physical or mental impairment that does not substantially limit major life activities but that is treated as constituting such a limitation; (ii) has a physical or mental impairment that substantially limits major life activities because of the attitudes of others; or (iii) has none of the impairments defined in paragraph a. of this subdivision but is treated as having such an impairment.

**Certification**

I certify that \_\_\_\_\_ (Name of Applicant) meets the definition of "a person with a disability" as defined in G.S. 168A-3.

I further certify that I am the applicant's treating physician. I am licensed to practice medicine in the State of North Carolina.

I understand that the State of North Carolina, Department of Administration is relying upon this certification as part of its review and approval process, and that should it be determined that this certification is materially false or incomplete or incorrect or includes incorrect, false or misleading, information, appropriate enforcement action will be taken.

I declare under penalty of perjury that the foregoing is true and correct.

Signature \_\_\_\_\_

Physical Address \_\_\_\_\_

Printed Name \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

License Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Date \_\_\_\_\_

Verified By \_\_\_\_\_

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Statewide Uniform Certification Program  
**Third Party Eligibility Challenge**

I have reason to believe that \_\_\_\_\_ (enter name of firm) does not meet the eligibility standards established for the Statewide Uniform Certification Program for a Historically Underutilized Business. I believe this firm is ineligible for the following reasons:

I understand that I must have this form notarized before submitting it to the HUB Office.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print \_\_\_\_\_

|                                                                   |       |
|-------------------------------------------------------------------|-------|
| NOTARY CERTIFICATE                                                |       |
| STATE OF _____                                                    |       |
| COUNTY OF _____                                                   | } SS: |
| Subscribed and sworn to before me the _____ day of _____, 20____. |       |
| Signature of Notary Public _____                                  |       |
| County of residence _____                                         |       |
| Date commission expires _____                                     |       |

**N.C. DEPARTMENT OF ADMINISTRATION**  
**OFFICE FOR HISTORICALLY UNDERUTILIZED BUSINESSES (HUB OFFICE)**  
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**Statewide Uniform Certification Program**

**Ethnicity Affidavit**

***Note: This form must be signed and notarized for each owner upon which eligibility is relied.***

I hereby certify under penalty of perjury that I am a member of one of the following groups according to N.C.G.S. § 143-128.4 (b):

☐ Black                      ☐ Hispanic                      ☐ American Indian                      ☐ Asian American

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**NOTARY CERTIFICATE**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_ } SS:

Subscribed and sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signature of Notary Public \_\_\_\_\_

County of residence \_\_\_\_\_

Date commission expires \_\_\_\_\_