

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

**Statewide Uniform Certification Application-RETOOLNC**

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.

**Section 1. General Information**

Name of Firm	
Contact Name	Title
Business Phone #	Cell Phone #
Fax #	Pager #
Website	Email Address
Addresses	
Physical (no post office boxes)	Mailing (only if different from physical address)
County	

**Section 2. Company Information**

**Firm's Identification**

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

Firm's Profile			
Business structure		Date Firm was established <input type="text"/>	
<input type="checkbox"/> Corporation (including PLLC) <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership (including LLP) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Joint Venture			
Firm's Relationship with Other Businesses			
Is your firm co-located at any of its business locations with any other business, organization, or entity? If yes, who?			
Does your firm, at any of its business locations, share a phone number, P.O. box, office space, yard, warehouse, facilities, equipment or office staff with any other business, organization, or entity? If yes, who?			
Section 3. Ownership Information <i>(Ownership percentages must total 100)</i>			
If there are more than two owners, attach a separate sheet.			
Owner #1			
Name		Title	Contact Phone #
Ethnicity:	Gender	Disabled	Are you a U.S. Citizen or permanent resident alien of the U.S.?
<input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/> American Indian <input type="checkbox"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No  Disadvantaged <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Percentage of ownership	Date applicant acquired ownership	Initial Investment to Acquire Ownership	
# of shares owned		<input type="checkbox"/> Cash: \$ _____ <input type="checkbox"/> Real Estate: \$ _____ <input type="checkbox"/> Equipment: \$ _____ <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?			
Do you work for any company, organization or entity that has a relationship with this firm?			
Identify the daily management functions for which you are responsible by placing a check mark in the appropriate box below:			
<input type="checkbox"/> Financial Decision making		<input type="checkbox"/> Office Management	
<input type="checkbox"/> Hiring/Firing of management personnel		<input type="checkbox"/> Field/Production Operations/Supervisor	
<input type="checkbox"/> Estimating and Bidding		<input type="checkbox"/> Purchasing of Major Equipment	
<input type="checkbox"/> Marketing / Sales		<input type="checkbox"/> Negotiating and Contract Execution	
<input type="checkbox"/> Authorized to make Financial Transactions		<input type="checkbox"/> Authorized to Sign Company Checks (For any purpose)	

Owner #2					
Name		Title		Contact Phone #	
Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/> American Indian		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No Disadvantaged <input type="checkbox"/>	Are you a U.S. Citizen or permanent resident alien of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Percentage of ownership	Date applicant acquired ownership		Initial Investment to Acquire Ownership		
# of shares owned			<input type="checkbox"/> Cash: \$ _____ <input type="checkbox"/> Real Estate: \$ _____ <input type="checkbox"/> Equipment: \$ _____ <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?					
Do you work for any company, organization or entity that has a relationship with this firm?					
Identify the daily management functions for which you are responsible by placing a check mark in the appropriate box below:					
<input type="checkbox"/> Financial Decision making		<input type="checkbox"/> Office Management			
<input type="checkbox"/> Hiring/Firing of management personnel		<input type="checkbox"/> Field/Production Operations/Supervisor			
<input type="checkbox"/> Estimating and Bidding		<input type="checkbox"/> Purchasing of Major Equipment			
<input type="checkbox"/> Marketing / Sales		<input type="checkbox"/> Negotiating and Contract Execution			
<input type="checkbox"/> Authorized to make Financial Transactions		<input type="checkbox"/> Authorized to Sign Company Checks (For any purpose)			
Section 4. Control					
A. Officers and Board of Directors					
Identify your firm's Officers & Board of Directors (If additional space is required, attach a separate sheet):					
	Name	Title	Date Appointed	Ethnicity	Gender
1. Officers of the Company	(a)				
	(b)				
	(c)				
	(d)				
	(e)				
2. Board of Directors	(a)				
	(b)				
	(c)				
	(d)				
	(e)				
3. Do any of the persons listed above perform a management or supervisory function for any other business? [ ] Yes [ ] No If Yes, identify for each: Person: _____ Title: _____ Business: _____ Function: _____					
4. Do any of the persons listed above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? [ ] Yes [ ] No If Yes, identify for each: Firm Name: _____ Person: _____ Nature of Business Relationship: _____					

**B. Daily Management Functions)**

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

	Name	Title	Ethnicity	Gender
(1) Financial Decisions (responsibility for acquisition of lines of credit, surety bonding, supplies, etc.)	a.			
	b.			
(2) Estimating and bidding	a.			
	b.			
(3) Negotiating and Contract Execution	a.			
	b.			
(4) Hiring/firing of management personnel	a.			
	b.			
(5) Field/Production Operations Supervisor	a.			
	b.			
(6) Office management	a.			
	b.			
(7) Authorized to Sign Company Checks (for any purpose)	a.			
	b.			
(8) Authorized to make Financial Transactions	a.			
	b.			
(9) Does your firm rely on any other firm for management functions or employee payroll? [ ] yes [ ] no If yes, explain.				

**Section 5. Other Certifications**

<p>Please check the agencies or certifications currently held by your firm.</p> <p><input type="checkbox"/> DBE (Any State Departments of Transportation)</p> <p><input type="checkbox"/> SBE 8(a)</p> <p><input type="checkbox"/> Home State Certification</p> <p><input type="checkbox"/> Other (Specify) _____</p>	<p>What is the date of your most recent site visit?</p> <p>____ / ____ / ____</p> <p>Performed by (Agency): _____</p> <p>Contact Name: _____</p> <p>Agency Phone: (    ) _____ - _____</p>
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I understand that the HUB Office may access all publically available information in reviewing my firm's application.

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

\_\_\_\_\_  
Date

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