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

### Section 1. General Information

<table>
<thead>
<tr>
<th>Name of Firm</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name</td>
<td></td>
</tr>
<tr>
<td>Business Phone #</td>
<td>Cell Phone #</td>
</tr>
<tr>
<td>Fax #</td>
<td>Pager #</td>
</tr>
<tr>
<td>Website</td>
<td>Email Address</td>
</tr>
<tr>
<td>Addresses</td>
<td></td>
</tr>
<tr>
<td>Physical (no post office boxes)</td>
<td>Mailing (only if different from physical address)</td>
</tr>
<tr>
<td>County</td>
<td></td>
</tr>
</tbody>
</table>

### Section 2. Company Information

**Firm’s Identification**

<table>
<thead>
<tr>
<th>Unique Identifier for firm (Select One)</th>
<th>Method of Acquisition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dakota – FEIN ________________</td>
<td>- Started new business</td>
</tr>
<tr>
<td>Dakota – DUNS ________________</td>
<td>- Bought existing business</td>
</tr>
<tr>
<td>Dakota – OTHER ________________</td>
<td>- Merger or consolidation</td>
</tr>
<tr>
<td>Dakota – Other</td>
<td>- Inherited business</td>
</tr>
<tr>
<td>Dakota – Other</td>
<td>- Other</td>
</tr>
</tbody>
</table>
### Firm’s Profile

**Business structure**
- ☐ Corporation (including PLLC)
- ☐ Limited Liability Company
- ☐ Partnership (including LLP)
- ☐ Sole Proprietorship
- ☐ Joint Venture

**Date Firm was established** ________

### Firm’s Relationship with Other Businesses

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

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

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

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

At present, or at any time in the past, has your firm:
- ☐ Been a subsidiary of another firm? Y or N
- ☐ Consisted of a partnership in which one or more of the partners are other firms? Y or N
- ☐ Owned a percentage of another firm? Y or N
- ☐ Had any subsidiaries? Y or N
- ☐ Operated under a franchise agreement? Y or N

### Section 3. Ownership Information

*Ownership percentages must total 100*

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

#### Owner #1

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Contact Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Ethnicity:**
- ☐ Black
- ☐ Hispanic
- ☐ Asian American
- ☐ American Indian
- ☐ Other

**Gender**
- ☐ Male
- ☐ Female

**Disabled**
- ☐ Yes
- ☐ No

**Disadvantaged**
- ☐ Yes
- ☐ No

**Are you a U.S. Citizen or permanent resident alien of the U.S.?**
- ☐ Yes
- ☐ No

**Percentage of ownership**

<table>
<thead>
<tr>
<th>Date applicant acquired ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Initial Investment to Acquire Ownership**
- ☐ Cash: $ __________
- ☐ Real Estate: $ __________
- ☐ Equipment: $ __________
- ☐ Expertise: $ __________

**# of shares owned**

**Are you related by blood or marriage to any of the other owners? If yes, who?**

**Do you own any other businesses?**

**Do you perform a supervisory or management function for another firm?**
Do you work for any company, organization or entity that has a relationship with this firm?

Identify the daily management functions for which you are responsible by placing a check mark in the appropriate box below:

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

**Owner #2**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Contact Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ethnicity:
- [ ] Black
- [ ] Hispanic
- [ ] Asian American
- [ ] American Indian

Gender:
- [ ] Male
- [ ] Female

Disabled:
- [ ] Yes
- [ ] No

Are you a U.S. Citizen or permanent resident alien of the U.S.?
- [ ] Yes
- [ ] No

Percentage of ownership

Date applicant acquired ownership

Initial Investment to Acquire Ownership
- [ ] Cash: $__________
- [ ] Real Estate: $__________
- [ ] Equipment: $__________
- [ ] 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?

Identify the daily management functions for which you are responsible by placing a check mark in the appropriate box below:

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

List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years (attach additional sheets if needed):

<table>
<thead>
<tr>
<th>Contribution/Asset</th>
<th>Dollar Value</th>
<th>From Whom Transferred</th>
<th>To Whom Transferred</th>
<th>Relationship</th>
<th>Date of Transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## 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):

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Date Appointed</th>
<th>Ethnicity</th>
<th>Gender</th>
</tr>
</thead>
</table>

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):

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Ethnicity</th>
<th>Gender</th>
</tr>
</thead>
</table>

1. Financial Decisions (responsibility for acquisition of lines of credit, surety bonding, supplies, etc.)
   - a.
   - b.

2. Estimating and bidding
   - a.
   - b.

3. Negotiating and Contract Execution
   - a.
   - b.

4. Hiring/firing of management personnel
   - a.
   - b.

5. Field/Production Operations Supervisor
   - a.
   - b.

6. Office management
   - a.
   - b.

7. Marketing/Sales
   - a.
   - b.

8. Purchasing of major equipment
   - a.
   - b.

9. Authorized to Sign Company Checks (for any purpose)
   - a.
   - b.

10. Authorized to make Financial Transactions
   - a.
   - b.

11. Does your firm rely on any other firm for management functions or employee payroll? [ ] Yes [ ] No
    If yes, explain.
### C. Professional Licenses

List current licenses /permits held by any owner and/or employee of your firm (e.g., contractor, engineer, architect, etc.)

<table>
<thead>
<tr>
<th>Name of License or Permit Holder</th>
<th>Type of License/Permit</th>
<th>Expiration Date</th>
<th>License Number and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section 5. References

Please provide two business references

<table>
<thead>
<tr>
<th>Name: __________________________</th>
<th>Name: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: ________________________</td>
<td>Address: ________________________</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone: ______________________</td>
<td>Phone: ______________________</td>
</tr>
</tbody>
</table>

### Section 6. Other Certifications

Please check the agencies or certifications currently held by your firm.

- [ ] DBE (Any State Departments of Transportation)
- [ ] SBE 8(a)
- [ ] Home State Certification
- [ ] Other (Specify) __________________________

What is the date of your most recent site visit?

_____ / _____ / _____

Performed by (Agency):

______________________________

Contact Name:

______________________________

Agency Phone: (  ) ______-______

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

____________________________________  ______________________________
Signature of Owner                      Date

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