

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

Statewide Uniform Certification Application

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

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

To initiate the HUB Certification Process: (1) Complete the SWUC Application (2) Gather required documents based on your business structure, (3) Complete an online HUB Certification Request by clicking <https://vendor.ncgov.com/vendor/login>, then click "Vendor Not Registered. Register Now, Complete the Registration Process" (4) Mail your completed package to the address above.

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

Section 1. General Information

Name of Firm	
Contact Name	Title
Business Phone #	Cell Phone #
Fax #	Pager #
Website	Email Address
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 <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	Date Firm was established <input type="text"/>

Firm's Relationship with Other Businesses

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

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

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

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

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

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

Section 3. Ownership Information (*Ownership percentages must total 100*)
 If there are more than two owners, attach a separate sheet.

Owner #1

Name	Title	Contact Phone #
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Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/> American Indian <input type="checkbox"/>	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
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Percentage of ownership	Date applicant acquired ownership	Initial Investment to Acquire Ownership <input type="checkbox"/> Cash: \$ _____ <input type="checkbox"/> Real Estate: \$ _____ <input type="checkbox"/> Equipment: \$ _____ <input type="checkbox"/> Expertise: \$ _____
# of shares owned		

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

Do you own any other businesses?

Do you perform a supervisory or management function for another firm?

Do you work for any company, organization or entity that has a relationship with this firm?					
Identify the daily management functions for which you are responsible by placing a check mark in the appropriate box below:					
<input type="checkbox"/> Financial Decision making		<input type="checkbox"/> Office Management			
<input type="checkbox"/> Hiring/Firing of management personnel		<input type="checkbox"/> Field/Production Operations/Supervisor			
<input type="checkbox"/> Estimating and Bidding		<input type="checkbox"/> Purchasing of Major Equipment			
<input type="checkbox"/> Marketing / Sales		<input type="checkbox"/> Negotiating and Contract Execution			
<input type="checkbox"/> Authorized to make Financial Transactions		<input type="checkbox"/> Authorized to Sign Company Checks (For any purpose)			
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 <input type="checkbox"/> Cash: \$ _____ <input type="checkbox"/> Real Estate: \$ _____ <input type="checkbox"/> Equipment: \$ _____ <input type="checkbox"/> Expertise: \$ _____		
# of shares owned					
Are you related by blood or marriage to any of the other owners? If yes, who?					
Do you own any other businesses?					
Do you perform a supervisory or management function for another firm?					
Do you work for any company, organization or entity that has a relationship with this firm?					
Identify the daily management functions for which you are responsible by placing a check mark in the appropriate box below:					
<input type="checkbox"/> Financial Decision making		<input type="checkbox"/> Office Management			
<input type="checkbox"/> Hiring/Firing of management personnel		<input type="checkbox"/> Field/Production Operations/Supervisor			
<input type="checkbox"/> Estimating and Bidding		<input type="checkbox"/> Purchasing of Major Equipment			
<input type="checkbox"/> Marketing / Sales		<input type="checkbox"/> Negotiating and Contract Execution			
<input type="checkbox"/> Authorized to make Financial Transactions		<input type="checkbox"/> Authorized to Sign Company Checks (For any purpose)			
List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years (attach additional sheets if needed):					
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 & Board of Directors (If additional space is required, attach a separate sheet):

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

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

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

B. Daily Management Functions)

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

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

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

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

Section 5. References

Please provide two business references	Name: _____	Name: _____
	Address: _____ _____	Address: _____ _____
	Phone: _____	Phone: _____ _____

Section 6. Other Certifications

Please check the agencies or certifications currently held by your firm. <ul style="list-style-type: none"> <input type="checkbox"/> DBE (Any State Departments of Transportation) <input type="checkbox"/> SBE 8(a) <input type="checkbox"/> Home State Certification <input type="checkbox"/> Other (Specify) _____ 	What is the date of your most recent site visit? ____ / ____ / ____ Performed by (Agency): _____ Contact Name: _____ Agency Phone: () ____ - ____
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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.