



Small Business Enterprise Certification Application

49 CFR Part 26

The Small Business Enterprise Certification is a race and gender-neutral program.

All firms wishing to be certified as a Small Business Enterprise (SBE) must complete this application and submit it to the Washington Metropolitan Area Transit Authority's (WMATA) [supplier portal](#) for determination of their eligibility.

The application is subject to review and verification. Before a determination is made, it may be necessary for your firm to submit additional support documents to determine your certification eligibility.

Please be advised that your firm will be required to complete register in the Supplier Portal in order to conduct business with WMATA.

Should I apply?

- A firm must be a small business as defined by the U.S. Small Business Administration (SBA) by applying current SBA business size standards found in 13 CFR Part 121 that are applicable to the type of work the firm seeks to perform in USDOT-assisted contracts;
- The firm's average annual gross receipts as defined by SBA regulations (averaged over the previous three fiscal years or part of the year which the business has been in existence), cannot exceed the amount set forth in 49 CFR 26.65;
- The firm's average gross receipts cannot exceed the overall USDOT size standard for a small business (\$23.98 million averaged over the three previous fiscal years or part of year which the business has been in existence);
- At least 51% of the firm's ownership must be held by individuals who meet the personal net worth (PNW) cap of \$1.32 million as prescribed by 49 CFR 26.67;
- A firm must be organized for profit in order to be eligible for SBE certification; and
- The owner must be a U.S. Citizen or lawfully admitted permanent resident of the US.

If you answered **"Yes"** to all the questions above, you may be eligible to participate in the U.S. DOT SBE Program.

A firm that is currently certified as a DBE by the Metropolitan Washington Unified Certification Program (MWUCP) will automatically be certified as SBE. Under Sec. 26.107 of 49 CFR Part 26, dated February 2, 1999, if at any time, the Department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Department may initiate suspension or debarment proceedings against the person or firm under 49 CFR Part 29, take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.

WMATA SMALL BUSINESS ENTERPRISE APPLICATION (SBE)**GENERAL INFORMATION**Is your firm "for profit"? ☐ Yes ☐ No**⊗ STOP! If your firm is NOT for-profit, then you do NOT qualify for this program.****A. Contact Information**

(1) Contact person and Title:		(2) Legal name of firm:	
(3) Phone #:	(4) Other Phone #:		
(5) E-mail:		(6) Website:	
(7) Street Address:		(8) City:	
(9) State:		(10) Zip Code:	

B. Prior/Other Applications and Privileges

Has your firm (under any name) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application, been denied certification, decertified, debarred, suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity?

☐ Yes, on ___/___/___ ☐ No

If Yes, identify State and name of state, local, or Federal agency and explain the nature of the action:

C. Business Profile

(1) Describe the primary activities of your firm including NAICS codes :	(2) Federal Tax ID:
(3) This firm was established on ___/___/___ (4) I/We have owned this firm since: ___/___/___	
(5) Method of acquisition (<i>check all that apply</i>): ☐ Started new business ☐ Bought existing business ☐ Inherited business ☐ Secured concession ☐ Merger or consolidation ☐ Other (<i>explain</i>)	
(6) Type of firm (<i>check all that apply</i>): ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Limited Liability Partnership ☐ Limited Liability Company ☐ Joint Venture	

(7) Has your firm ever existed under different ownership, a different type of ownership, or a different name?

☐ Yes ☐ No

If Yes, explain:

(8) Number of employees: Full-time _____ Part-time _____ Total _____

D. Relationships with Other Businesses

(1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff, with any other business, organization, or entity?

☐ Yes ☐ No

If Yes, identify Other Firm's name: _____

Explain nature of shared facilities:

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

(a) been a subsidiary of any other firm? ☐ Yes ☐ No

(b) consisted of a partnership in which one or more of the partners are other firms? ☐ Yes ☐ No

(c) owned any percentage of any other firm? ☐ Yes ☐ No

(d) had any subsidiaries? ☐ Yes ☐ No

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

☐ Yes ☐ No

(4) If you answered "Yes" to any of the questions in (2)(a)-(d) and/or (3), identify the following for each (*attach extra sheets, if needed*):

Name

Address

Type of Business

1.

2.

OWNERSHIP

E. Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below:

Owner

(1) Name:	(2) Title:	(3) Home Phone #:		
(4) Home Address (<i>street and number</i>):		City:	State:	Zip:
(5) U.S. Citizen: ☐ Yes ☐ No	(9) Initial investment to acquire ownership interest in firm: Type Dollar Value Cash \$ Real Estate \$ Equipment \$ Other \$			
(6) Lawfully Admitted Permanent Resident: ☐ Yes ☐ No				
(7) Number of years as owner:				
(8) Percentage owned:				
(9) Shares of Stock: <u>Number</u> <u>Percentage</u> <u>Class</u> <u>Date acquired</u> <u>Method Acquired</u>				
(10) Does this owner perform a management or supervisory function for any other business? ☐ Yes ☐ No If Yes, identify: Name of Business: _____ Function/Title: _____				
(11) Does this owner own or work for any other firm(s) that has a relationship with this firm (<i>e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.</i>)? ☐ Yes ☐ No If Yes, identify: Name of Business: _____ Function/Title: _____ Nature of Business Relationship: _____				

CONTROL

F. Identify your firm's Officers & Board of Directors *(If additional space is required, attach a separate sheet):*

	Name	Title	Date Appointed
(1) Officers of the Company			
(2) Board of Directors/ Members			

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

	Name	Title
(1) Financial Decisions <i>(responsibility for acquisition of lines of credit, surety bonding, supplies, etc.)</i>		
(2) Estimating and bidding		
(3) Negotiating and Contract Execution		
(4) Hiring/firing of management personnel		
(5) Field/Production Operations Supervisor		
(6) Office management		
(7) Marketing/Sales		

(8) Purchasing of major equipment		
(9) Authorized to Sign Company Checks (for any purpose)		
(10) Authorized to make Financial Transactions		

Do any of the persons listed in (F1) through (G10) above perform a management or supervisory function for any other business? ☐ Yes ☐ No

If Yes, identify for each: Person: _____ Title: _____

Business: _____ Function: _____

Do any of the persons listed in (F1) through (G10) 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: _____

H. Indicate your firm's inventory in the following categories (*attach additional sheets if needed*):

(1) Equipment

Type of Equipment	Make/Model	Current Value	Owned or Leased?

(2) Vehicles

Type of Vehicle	Make/Model	Current Value	Owned or Leased?

(3) Office Space

Street Address	Owned or Leased?	Current Value of Property or Lease

(4) Storage Space

Street Address	Owned or Leased?	Current Value of Property or Lease

I. Does your firm rely on any other firm for management functions or employee payroll? ☐ Yes ☐ No

If Yes, explain:

J. Financial Information**(1) Banking Information:**

Name of bank: _____ Phone No: () _____

Address of bank: _____ City: _____ State: _____ Zip: _____

(2) Bonding Information: If you have bonding capacity, identify:

Binder No: _____

Name of agent/broker _____ (c) Phone No: () _____

Address of agent/broker: _____ City: _____ State: _____ Zip: _____

Bonding limit: Aggregate limit \$ _____ Project limit \$ _____

K. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of any persons or firms securing the loan, if other than the listed owner:

Name of Source	Address of Source	Name of Person Securing the Loan	Original Amount	Current Balance	Purpose of Loan

L. 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

M. List current licenses/permits held by any owner and/or employee of your firm (e.g. contractor, engineer, architect, etc. Attach additional sheets if needed):

Name of License/Permit Holder	Type of License/Permit	Expiration Date	License Number and State

N. List the three largest contracts completed by your firm in the past three years, if any:

Name of Owner/Contractor	Name/Location of Project	Type of Work Performed	Dollar Value of Contract

O. List the three largest active jobs on which your firm is currently working:

Name of Prime Contractor and Project Number	Location of Project	Type of Work	Project Start Date	Anticipated Completion Date	Dollar Value of Contract



SMALL BUSINESS ENTERPRISE (SBE) DOCUMENT CHECKLIST

All Applicants

1. Completed SBE certification application.
2. Completed SBE Affidavit of Certification for all applicants claiming disadvantaged status.
3. Proof of U.S. citizenship in the form of a U.S. Passport or Permanent Resident Card or Certification of Naturalization or birth certificate and government issued photo identification (e.g. driver's license).
4. Completed Personal (Financial) Net Worth Statement for all owners, constituting 51% ownership.
5. Documented proof of contributions used to acquire ownership showing that the owner paid for the value of his/her interest in the business or in some way invested personal funds into the business. Acceptable proof includes both sides of cancelled checks or receipts. If unavailable and the firm is more than five years old, a signed and notarized statement describing the personal investment may be acceptable.
6. Resumes of all owner, all officers, all directors, and all key employees. Resumes must be in detailed chronological order and include places of ownership/employment with corresponding dates.
7. Completed signed copies of personal Federal tax returns for the past three (3) years for each owner constituting 51% ownership. Include all schedules.
8. Completed signed copies of business Federal tax returns for the past three (3) years. Include all schedules.

Additional Documents for Corporation:

1. Official Articles of Incorporation (signed by the State official).
2. Both sides of all corporate stock certificates and you firm's stock transfer ledger.
3. Minutes of all Stockholders and Board of Directors meetings.
4. Corporate By-laws and any amendments.

Additional Documents for Limited Liability Company:

1. Copy of the firm's official Articles of Organization signed by the State official.
2. Copy of the original and amended Operating Agreement.

Additional Document for Partnership:

1. Original and any amended Partnership Agreement