

Application for 8(a) Business Development (8(a) BD) and Small Disadvantaged Business (SDB) Certification

OMB Approval:3245-0331 Expiration Date: 8/31/2007
To be completed by SBA
D. (. D 1

To be completed by Applicant

To be completed by SBA
Date Received
Tracking #:

THIS APPLICATION IS FOR	■ 8(a) *	☐ SDB only	CERTIFICATION	
*Firms that	are 8(a) certif	ied are certified as S	SDBs	

NOTICE: A firm and the socially and economically disadvantaged individuals of the firm can only participate as disadvantaged in the 8(a) program one time.

YOUR SIGNATURE ON THIS APPLICATION for the 8(a) program INDICATES THAT YOU FULLY UNDERSTAND THIS LIMITATION AND THAT YOU HAVE NOT PREVIOUSLY USED YOUR ELIGIBILITY. Any sensitive information collected in this application is necessary to determine if applicants comply with statutory and regulatory requirements.

		SECTION I: Business Profile			
Name of Firm:			Геlephone:		
Address:	E-mail:		FAX:		
City:	County:		State:	ZIP:	
Primary NAICS Code:			ustomer No:		
(North A	merican Industry Classification Syst	tem)	Mandator	ry for 8(a) & SDB Certific	cation
This firm was established on:	:	I (We) have owne	d this firm since:		
	mm/dd/yyyy	, ,		mm/dd/yyyy	
Ouns Number:					
	☐ Located in a HUBZo	one DOT-Certifined during the past 12 m	onths was	ness Enterprise (DBE) The average	
evenues for the firm (and its he primary NAICS Code is All applicants <u>must</u> attach a	Located in a HUBZo loyees the firm (with its affiliates) has affiliates) during the last three years	one DOT-Certified during the past 12 m s was \$	Company	ness Enterprise (DBE) The average of the firm's revenues	earned
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weenues for the firm (and its the primary NAICS Code is the primary NAICS Code is the primary NAICS Code is the primary nust attach at Yes" response to the followards. Is the firm delinquent in Does the firm have any outstanding or liens file. Are there any lawsuits. Does the firm have any licensing or franchise at the number of the number of the number of the number of the primary of the number of the	Located in a HUBZo. loyees the firm (with its affiliates) has affiliates) during the last three years %. In detailed explanation, including stawing questions: In filing any applicable business tax ray past due taxes or any other delinque ed against it? I pending against the firm? I y existing management, joint venture agreements? I hanges in ownership in the past two years.	ne DOT-Certified during the past 12 mess was \$ upporting documental returns? ent Federal, state or locate, indemnity, consulting years?	Company	. The average of the firm's revenues and question number for [] Yes [earned No No No No No
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All applicants must attach a "Yes" response to the follow 1. Is the firm delinquent in Does the firm have any outstanding or liens file 3. Are there any lawsuits 4. Does the firm have any licensing or franchise a Have there been any characteristics. Does the firm have and characteristics. Does the firm have and characteristics. Does the firm have and characteristics. Does the firm buy from applicant firm has a fin	Located in a HUBZo loyees the firm (with its affiliates) has a affiliates) during the last three years	DOT-Certified during the past 12 mms was \$ upporting documental returns? ent Federal, state or locate, indemnity, consulting years? ? st in the firm? of any other firm in with the state of the state	Company	. The averagage of the firm's revenues and question number for [] Yes [] The average of the firm's revenues [] Yes [] The second of the firm's revenues [] Ye	earned No

SECTION I Business Profile (continued)

<u>Only</u> 8(a) Applicants <u>must</u> answer the following questions and attach a detailed explanation, including supporting documentation, noting the section and question number for each "Yes" response:

BD Program parti Does the firm hav	e a negative net worth of	or working canital posit	tion?		[]	Yes Yes	Ι.] No] No
	ed revenues in its prima			ast two years?	[]	Yes	Γ.] No
	· 							
Pleas	Bu Se provide the following	usiness Managem g information on all o			rs, and offic	cers		
		(uuu uuunonui	puges if necessary).					
Name	Position in Firm	Percentage of Ownership Interest in Firm	Hours Devoted to the Management of firm	Access to firms Bank Account (Y/N)	Socially a Dis	nd Ecor sadvanta (Y/N)		
					_			
	ach a detailed explana ents for each "Yes" res			noting the section	n and quest	tion nur	nbei	· and
	-		-					
	advantaged individual o				[] Yes	[] No
· -	advantaged employee, on form, including divide		-	-				
the firm?	ily form, including divid	ienas, mai exceeds me	compensation of the i	ingliest fallking off] Yes	ſ] No
	al or entity other than th	ne individual(s) claimir	ng disadvantage provid	de financial or bond	-] 105	L	1 1.0
support, office spa	ace, or equipment to the	firm?			[] Yes	[] No
	ctor, officer or manager		employee or a princip	oal of a former emp	loyer			
-	s) claiming disadvantage				[] Yes	[] No
	director, officer or mana ctor, officer or manager				l 1] Yes	Ĺ] No
	irrently a Federal emplo		a reactar employee o	n nave a nousenoic	[] Yes	ſ] No
	director, officer or mana	•	any delinquent Federa	al obligations, past	due	,	L	,0
taxes or liens agai	nst him/her or his/her sp	oouse?	-	•	Г] Yes	Г	1 No

SECTION III

Personal Information

Please provide the following information on all individual applicants who claim social and economic disadvantage (add additional pages if necessary):

Name of Individual	Designated Group Membership or Basis of Disadvantage *	U.S. Citizenship Y/N	Place of Birth	Sex M/F	Veteran Y/N
Follow Holland to the Lorentz		1 1 1 /1			
Applicants who are not members of	age must submit a narrative statement f a designated group must also submit vantage in American society <u>and</u> any s	a narrative statement			
	tailed explanation, including suppo		noting the section (and auestion	number and
	th "yes" response to the following q			ma question	
With respect to each individual clo	aiming disadvantage:				
•	n filing his/her personal Federal or loc d any personal assets during the last tw		iate family	[] Yes	[] No
member for less than fair mar	ket value?			[] Yes	[] No
Only with respect to each 8(a) ind	ividual claiming disadvantage (not s	SDB applicant):			
	used his/her eligibility to qualify a fir	rm for 8(a) BD Program	m		
participation? 24. Does any individual own indi-	vidually, or in aggregate with the app	licant firm and/or imm	ediate family	[] Yes	[] No
_	whership interest in a current 8(a) BI		-	[] Yes	[] No
	ate family member own individually,				
family members and/or the ap Program participant?	oplicant firm, more than a 20% owner	ship interest in a curre	nt 8(a) BD	[] Yes	[] No
	more than a 20% ownership interest	in a current 8(a) BD P	rogram	. ,	
participant?				[] Yes	[] No
27. Has any individual ever been	arrested? (If Yes, submit a Fingerprin	nt Card.)		[] Yes	[] No
Only with respect to 8(a) applicant	ts:				
	owner of the applicant firm own indiv		egate with		
	more than 10% of a current 8(a) BD F firm in the same or similar line of bus		a 10% interest	[] Yes	[] No
in the applicant firm?	and of sum of su	siness own more than t	1 1070 Interest	[] Yes	[] No

^{*} List of Designated Groups: (1)Black Americans, (2)Hispanic Americans, (3)Native Americans, (4)Asian Pacific Americans, and (5)Subcontinent Asian Americans

Under Title 18 U.S.C. § 1001 and Title 15 U.S.C. § 645, any person who misrepresents a firm's status as an 8(a) Program participant or SDB concern, or makes any other false statement in order to influence the certification process in any way, or to obtain a contract awarded under the preference programs established pursuant to section 8(a), 8(d), 9 or 15 of the Small Business Act, or any other provision of Federal Law that reference Section 8(d) for a definition of program eligibility shall be: (1) Subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; subject to fines of up to \$500,000 and imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (2) Subject to civil and administrative remedies, including suspension and debarment; and (3) Ineligible for participation in programs conducted under the authority of the Small Business Act.

I hereby certify that the information provided in this application and supporting documents relating to the applicant, to me personally, and to my disadvantaged status is true and accurate.

By:

President/CEO/Proprietor/Management Member/Partner	Date
eby certify that the information provided in this application an	d supporting documents relating to my
vantaged status and me is true and accurate.	
Signature	Date
Signature	Date

PLEASE NOTE: The estimated burden for completing this form is 2.5 hours per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington, D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval (3245-). PLEASE DO NOT SEND FORMS TO OMB.

CHECKLIST FOR PREPARING YOUR APPLICATION

(This checklist will provide basic guidelines on the attachments that you should submit with your application)

SBA will keep this information and the information provided on the application confidential to the extent required by the law.

5E	CHON I: Business Profile
	A detailed explanation, including supporting documentation, for each "Yes" response to questions in Section I, if applicable.
	Copies of all stock certificates (front and back), stock ledger, buy/sell agreements, transmutation agreements, voting agreements.
	Certificate of Good Standing (for Corporations and LLCs, if applicable).
	SBA Form 1623, Certification Regarding Debarment, Suspension, and other Responsibility Matters.
	Firms applying for SDB certification <i>only</i> , a balance sheet and profit and loss statement for the preceding fiscal year-end period.
Fir	ms applying for 8(a)/SDB certification should submit:
	balance sheets and profit and loss statements no older than 90 days and for the preceding three (3) fiscal year-end periods,
	along with copies of the last three years of applicant firm's tax returns and schedules and attachments, and
	an executed IRS Form 4506, Request for Copy or Transcript of Tax form for firm's taxes, and
	a Statement of Bonding limit from the firm's surety, if applicable.
SE	CTION II: Business Management and Administration
	A detailed explanation, including supporting documentation, for each "Yes" response to questions in Section II, if applicable.
	Articles of Incorporation, Operating Agreement, By-laws, Stockholder and Board Member Meeting Minutes, Partnership Agreement, Articles of Organization, Fictitious Business Name filing, and bank signature cards.
	Copies of the business and special licenses under which the firm operates.
	Copies of loan agreements, including lines of credit and shareholder loan(s).
SE	CTION III: Personal Information: About each individual claiming social and economic disadvantage:
	A detailed explanation, including supporting documentation, for each "Yes" response to questions in Section III, if applicable.
	A current Personal Finance Statement on SBA Form 413 (no older than 30 days) for applicant <i>and</i> spouse, dividing all assets and liabilities as appropriate. If you are married and live in a community property jurisdiction, please provide evidence of which assets and income are community property and which are separate.
	Copies of personal income tax returns (including all schedules and W-2 forms) for the two years immediately preceding the application for the individual and spouse, and an executed IRS Form 4506, Request for Copy or Transcript of Tax Form.
	Narrative statement of economic disadvantage.
	Applicants who are not members of a designated group must submit supporting evidence of individual social disadvantage.
	Applicants for 8(a) certification must submit an SBA Form 912, Statement of Personal History (include a SBA Fingerprint Card if the SBA Form 912 reflects an arrest).
	Personal Resume, including the education, technical training and business and employment experience (employer's name, dates of employment and nature of employment), including the individual's current duties within the applicant firm.
	ut each non-disadvantaged principal, including each owner of more than 10%, each director, each officer, each agement member, each Partner and any other individual, such as key employe, who can speak for the firm:
	Personal Resume, including the education, technical training and business and employment experience (employer's
	name, dates of employment and nature of employment), including the individual's current duties within the applicant firm.
	Copies of person income tax returns (including all schedules and W-2 forms) for the two years immediately
	preceding the application for the individual and spouse, and an executed IRS Form 4506, Request for Copy or Transcript of Tax Form.
	Applicants for 8(a) certification must submit an SBA Form 912, Statement of Personal History (include a SBA Fingerprint Card if the SBA Form 912 reflects an arrest).

DEFINITIONS

Immediate Family Member means father, mother, husband, wife, son, daughter, brother, sister, grandfather, grandmother, grandson, granddaughter, father-in-law, and mother-in-law.

NAICS is the North American Industry Classification System. It replaces the old Standard Industrial Classification (SIC) System. You may learn more about NAICS by accessing the Census Bureau's NAICS Internet site at: www.census.gov/naics

PRO*Net*® is the U.S. Small Business Administration's Procurement Marketing & Access Network. It is an on-line, interactive, electronic gateway of procurement information – for and about small businesses. To register for PRO*Net*® go to: http://pronet.sba.gov, select the *Register* bar and follow the instructions.

Where to Apply for Certification

For the **SDB** Certification:

U.S. Small Business Administration Office of Small Disadvantaged Business Certification & Eligibility 409 Third Street, S.W., MC 8800, SDB 8th Floor Washington, D.C. 20416

For **8(a) certification**, if your business is located in the following area:

Colorado, Connecticut, Delaware, Maine, Maryland, Massachusetts, Montana, New Hampshire, North Dakota Pennsylvania, Rhode Island, South Dakota, Utah, Vermont, Virginia, Washington, D.C. West Virginia and Wyoming

Please send your package to: Small Business Administration

Division of Program Certification and Eligibility

Robert N.C. Nix Federal Building 900 Market Street, 5th Floor Philadelphia, PA 19107

Alabama, Alaska, Arizona, Arkansas, California, Florida, Georgia, Guam, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New York, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Puerto Rico, South Carolina, Tennessee, Texas, Virgin Islands, Washington and Wisconsin

Please send your package to: Small Business Administration

Division of Program Certification and Eligibility 455 Market Street, 6th Floor

San Francisco, CA 94105