



SOUTH CENTRAL TEXAS REGIONAL CERTIFICATION AGENCY

Your unified certification source

3201 Cherry Ridge Street, Building C, Suite 319, San Antonio, Texas 78230

Phone (210) 227-4722 Web Address: www.sctrca.org

Hablamos Español (210) 227-4722



CERTIFICATION RENEWAL APPLICATION

1. a. Business Name: _____

b. Doing Business As (if different): _____

c. Physical Address: _____
Street Name City State Zip County

d. Mailing Address (if different): _____
Street Name City State Zip County

e. Phone: _____ f. Fax: _____ g. Mobile: _____

h. E-mail: _____ i. Web: _____

2. Sole Proprietor's or Majority Owner's Full Name/Title:

3. Tax Identification Number or Owner's Social Security Number (for Sole Proprietors):

4. Business Structure (check appropriate business structure):

- Sole Proprietorship
- General Partnership
- Corporation
- Limited Liability Partnership
- Limited Partnership
- Limited Liability Corporation/Company

5. Identify any changes to your major products/services offered:

6. Provide the six-digit NAICS code(s) which correspond to your work category. These codes can be obtained by visiting www.sctrca.org or www.census.gov/eos/www/naics/.

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7. Please indicate any changes in your firm within the past two (2) years. And if changes, you must submit all documentation to support such change.

- Changes in ownership or control
- Changes in Directors/Officers in the company
- Changes in business structure
- No changes

Race/Ethnic Codes: CA-White/Caucasian AA-African American HA-Hispanic American AI- Asian Indian AS-Asian Pacific American and Sub-Continent Asian American NA - Native American DI-Disabled Individual

8. Please identify the firm's ownership and directors:

Name	Title	Ethnicity	Gender	Years of Ownership	Ownership Percentage	Director Y/N
1.						
2.						
3.						
4.						

9. What are the **EXACT GROSS RECEIPTS** of the firm for the past three (3) years?

Year Ending	Exact Gross Receipts
20____	\$
20____	\$
20____	\$

Employee Workplace Demographics	Number of Employees
Total number of Employees (Part-time) Company-Wide	
Total Number of Employees (Full-time) Company-Wide	

10. **Your firm is certified with SCTRCA as a:**

- African American Business Enterprise (AABE)
- Asian American Business Enterprise (ABE)
- Disabled Individual Business Enterprise (DIBE) - **If you believe your firm qualifies as a DIBE; please include documentation from a medical doctor or government agency verifying 51 percent owner(s) disability with this renewal.**
- Emerging Small Business Enterprise (ESBE)
- Hispanic American Business Enterprise (HABE)
- Minority Business Enterprise (MBE)
- Native American Business Enterprise (NABE)
- Small Business Enterprise (SBE)
- Veteran Business Enterprise (VBE) - **If you believe your firm qualifies as a VBE; please include a copy of the 51 percent owner(s) DD-214 with this renewal.**
- Woman Business Enterprise (WBE)

ADDITIONAL INFORMATION (AS APPLICABLE)

- **Current copy of applicable Licenses or Certificates to perform work, if required by state law (i.e., plumbing, electrical, CPA, engineering, law, medical, etc.);**
- **Most recent three years of the firm’s COMPLETE business federal income tax returns;**
- **Last two Quarterly TWC Reports, if based on employees. (Manufacturing, etc.)**

ADDITIONALLY: Currently Certified SCTRCA vendors residing outside the SCTRCA jurisdiction and is seeking continued reciprocity pursuant to SCTRCA policy): Must also submit

- **Current certification letter and/or a copy of your current Certificate from your certifying entity;**
- **Letter indicating changes in ownership and/or management and control in your firm’s last year of business and/or a letter indicating no changes in ownership and/or management and control since your firm’s certification;**

IMPORTANT NOTICES: The SCTRCA reserves the right to request any additional information deemed necessary to determine if a firm is certifiable. The burden of proof of ownership, management and control of the business is on the Applicant. Failure to cooperate and/or provide requested information, within the time specified, is grounds for termination in the processing of your *Renewal Application*. If at any time the SCTRCA has reason to believe that any person or firm has willfully and knowingly provided incorrect or false information, the SCTRCA will initiate de-certification procedures. De-certification is automatic if a certified business enterprise has a change in ownership, management or control and does not notify the SCTRCA within 30 days of said change. To locate SCTRCA business enterprise certification policies and procedures, please visit www.sctrca.org.

VENDOR DIRECTORY/DATABASE DISCLOSURE: The SCTRCA does **not** disclose information that may be regarded as **proprietary or confidential** under federal and/or state law. However, as a part of its outreach efforts, the SCTRCA maintains a vendor directory/database that is available to the general public. The information in the vendor directory/database consists of Firm name, contact person, address, fax and phone numbers; service or product provided and certification status, if any. No proprietary or financial information is included. Unless this provision is crossed out and initialed by Firm, the directory information of the Firm will be available to the public on the database.

AFFIDAVIT: This form must be signed for each owner upon whom certification status is relied. A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS CERTIFICATION APPLICATION IS SUFFICIENT GROUNDS FOR DENIAL OF CERTIFICATION OR REVOCATION OF A PREVIOUSLY APPROVED CERTIFICATION AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW AS WELL AS CITY ORDINANCE.

The undersigned swears or affirms under penalty of law that I have read and understand all of the questions in this application and that all of the foregoing information and statements submitted in connection with the application are true and correct to the best of my knowledge and include all material information necessary to accurately identify and explain the operations and capabilities of (**Name of the Firm**) _____ along with the ownership, management and control thereof. The undersigned also affirms and expressly agrees that the Firm’s directory information consisting of Firm name, address, phone number, fax number, contact person, services and/or goods offered, along with certification status of the Firm, if any, will be available to the public in the SCTRCA vendor directory/database.

Signature of Sole Proprietor or Majority Owner(s):

_____	_____
Name	Signature
_____	_____
Title	Date

****NOTE** - this Renewal Application will not be processed without submitting all required documentation.** ****DO NOT FAX****