



## SOUTH CENTRAL TEXAS REGIONAL CERTIFICATION AGENCY

Your unified certification source

305 E. Euclid, Suite 102, San Antonio, Texas 78212

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Hablamos Español (210) 227-4722



### Certification Program Intent

Thank you for your interest in becoming certified with the South Central Texas Regional Certification Agency (SCTRCA). Certification with the SCTRCA will allow your company to sell your product or service as an eligible Small (SBE), Minority (MBE), Woman (WBE), African American (AABE), Veteran (VBE), or a Disabled Individual (DIBE) Business Enterprise to public and private member entities. The SCTRCA is responsible for the certification process for these entities with a role to ensure that only firms meeting the eligibility criteria of the program participate as SBEs, MBEs, WBEs, AABEs, VBEs, and DIBEs.

### Certification Program Eligibility

A firm must be independent and for-profit owned by a majority of U.S. Citizens or legally permanent residents. All participants must submit document(s) to prove they fall into one of these categories. Certification Policies and Procedures can be located at [www.sctrca.org](http://www.sctrca.org).

### Small Business Enterprise\*\* (SBE) Certification - Complete Certification Affidavit Sections I and III Only

A firm that meets Small Business Size standards as defined in the Small Business Administration (SBA) regulations, 13 CFR Part 121.

### Minority Business Enterprise\*\* (MBE) Certification - Complete Certification Affidavit Sections I, II, and III with supporting documentation

A firm that is at least 51 percent owned, managed and controlled by one or more minority individuals. In the case of any publicly owned business, at least 51 percent of the stock must be owned by one or more minority individuals. Management and daily business operations are controlled as defined herein, by one or more of the minority individuals who own it. Minorities include Black, Hispanic, Asian Pacific, Asian Indian, Native Americans.

### Women Business Enterprise\*\* (WBE) Certification - Complete Certification Affidavit Sections I, II, and III with supporting documentation

A firm that is at least 51 percent owned, managed and controlled by one or more women individuals. In the case of any publicly owned business, at least 51 percent of the stock must be owned by one or more women individuals. Management and daily business operations are controlled as defined herein, by one or more of the women individuals who own it.

### African American Business Enterprise \*\* (AABE) Certification - Complete Certification Affidavit Sections I, II, and III with supporting documentation

A sole proprietorship, partnership or corporation owned operated and controlled by an African American minority group member(s) who has at least 51 percent ownership. The African American group member(s) must have operational and managerial control, interest in capital, expertise and earnings commensurate with the percentage of ownership and legally residing or are citizens of the United States or its territories.

### Disabled Individual Business Enterprise (DIBE) - Complete Certification Affidavit Sections I, II, and III with supporting documentation

A sole proprietorship, partnership or corporation owned operated and controlled by a disabled individual who has at least 51 percent ownership. Disabled means a person (a) with one or more disabilities as defined by the Americans with Disabilities Act (ADA) and amendments thereto, (b) having a record of such disabilities, and (c) regarded as having such disabilities. A person is considered disabled if their disability is chronic, longstanding and can be recognized.

### Veteran Business Enterprise (VBE) - Complete Certification Affidavit Sections I, II, and III with supporting documentation

Veteran-Owned Business Enterprise – A sole proprietorship, partnership or corporation owned, operated and controlled by an individual who served in the United States active military, naval, or air service, and who was discharged or released under conditions other than dishonorable, and who has at least 51 percent ownership in applicant firm. *Please note: This certification type should not be confused with the Service Disabled Veteran designation available through the Small Business Administration.*

### **General Information and Glossary of Terms**

<b>Appeal</b>	A process by which the certification eligibility decision made by the SCTRCA is reviewed
<b>Applicant</b>	One who submits a certification application to the SCTRCA for certification
<b>Board</b>	The Agency's Board of Director composed of representatives from each of the member entities
<b>Certification</b>	The certification of a firm as a Small, Minority or Woman-owned business enterprise by the SCTRCA
<b>Control</b>	Primary power to direct the management of a business enterprise; specifically, the party must possess the power and ability to direct or cause the direction of the management and policies of the firm to make the day-to-day, as well as major decisions on matters of management, policy and operations
<b>Corporation</b>	A separate legal entity incorporated under the authority of federal or state laws, apart from the individuals that may own or manage it
<b>Expertise</b>	Demonstrated skills, knowledge or ability to perform in the field of endeavor in which certification is sought by the business enterprise as defined by normal industry practices
<b>Group Member(s)</b>	African Americans, Hispanic Americans, Asian Americans, and American Indians legally residing in or that are citizens of the United States of America or its territories, as defined below: <b>African American:</b> Persons having origins in any of the black racial groups of Africa as well as those identified as Jamaican, Trinidadian or West Indian <b>Hispanic American:</b> Persons of Mexican, Puerto Rican, Cuban, Spanish or Central or South American origin <b>Asian-Pacific American:</b> Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands <b>Asian-Indian American:</b> Persons whose origins are from India, Pakistan Bangladesh or Sri Lanka <b>American Indian/Native American:</b> Persons having no less than 1/16 percentage origin in any of the American Indian Tribes, as recognized by the US Department of the Interior, Bureau of Indian Affairs and as demonstrated by possession of personal tribal role documents

# REQUIRED INFORMATION CHECKLIST

It is **ESSENTIAL** that the following documents, as applicable, accompany this application form. NOTE: If any of the items **DO NOT APPLY** to your firm, please indicate Not Applicable (N/A). The effective date of the application is the date when **ALL REQUIRED DOCUMENTATION** has been received, not the date of submission of an incomplete packet.

**ALL APPLICANTS (except SBE Applicants (see instructions below))** must submit with attached affidavit:

- π **Proof of citizenship / ethnicity status** (Please note if claiming MBE, the only acceptable form of proof is a Birth Certificate)  
(Birth Certificate, Alien Resident Card, Certificate of Naturalization, Tribal Card, Baptismal Record, etc.)
- π **Certificate to do business**  
(DBA, Assumed Name certificate)
- π **Resumes** of Principal owner(s) and Key employee(s)
- π **Applicable Licenses or Certificates** to perform work, if required by state law  
(i.e., plumbing, electrical, CPA, engineering, law, medical, etc.)
- π If applicable, **documentation verifying disability** from Medical Doctor or Government Agency
- π If applicable, **DD-214** verifying military service
- π **Completed and Signed Application**

**FOR A CORPORATION ADD:** *(Only required to submit information if business is of same structure)*

- π **Articles of Incorporation**
- π **Copy of corporate By-laws**
- π **Minutes of organizational & last annual meeting**
- π **Minutes of all meetings showing ownership changes**
- π **Stock Certificates**
- π **Stock Register**

**FOR A LIMITED LIABILITY CO./CORP, ADD:** *(Only required to submit information if business is of same structure)*

- π **Articles of Organization**
- π **Regulations or Operating Agreement**
- π **Minutes of organizational meeting, if applicable**
- π **Minutes of last annual meeting, if applicable**
- π **Minutes of all meeting showing ownership changes, if applicable**
- π **Membership Certificates, if applicable**
- π **Membership Register, if applicable**

**FOR A PARTNERSHIP (Limited/General) or FRANCHISE; ADD:**

- π **Complete copy of partnership agreement** including buy/out rights and profit sharing
- π **Franchise Agreement, if applicable**

**EXCEPTIONS, i.e. vendors who have already obtained certification through another certifying entity:**

A firm with a **CURRENT** Texas Department of Transportation, City of Houston, City of Austin, Corpus Christi Regional Transit Authority, Texas Building and Procurement Commission (HUB), North Central Texas Regional Certification Agency, Small Business Administration Section 8(a), Small Disadvantaged Business, Central & South Texas Minority Business Council, Dallas/Fort Worth Minority Business Council, Houston Minority Business Council, or Women's Business Enterprise Alliance certification. The reciprocal SCTRCA issued certification will only be valid through the date of the original certifying entities certification expiration date. **With Exception Submit Only:**

- Signed and Completed Certification Application
- Current certification letter or a copy of your current Certificate
- Letter indicating changes in ownership and/or management and control in your firm's last year of business
- Copies of current licenses required to operate business

**SUBMIT THIS PAGE**

**IMPORTANT NOTICE: Certification services are provided free of charge from the SCTRCA. Firms seeking certification using services provided by other sources, (fee based or otherwise) will not guarantee a certification from the SCTRCA. Should a firm require assistance please contact the SCTRCA.**

**I WOULD LIKE TO APPLY FOR CERTIFICATION AS A (check as many as are applicable):**

Small Business Enterprise (**SBE**) (Complete Sections I and III of the application only **only** )

Minority Business Enterprise\*\* (**MBE**) (Complete Section I, II, and III)

Women Business Enterprise\*\* (**WBE**) (Complete Section I, II, and III)

African American Business Enterprise\*\* (**AABE**) (Complete Section I, II, and III)

Veteran Business Enterprise (**VBE**) (Complete Section I, II, and III)

Disabled Individual Business Enterprise (**DIBE**) (Complete Section I, II, and III)

General Directory firm (**No** certification requested) (Complete Section I only)

I am interested in being considered as a **Section 3** Business Concern for San Antonio Housing Authority Projects.

Sections:	
I.	General Information
II.	Ownership/Control
III.	Affidavit

\*\* Please note, to qualify as an AABE, MBE or WBE for the City of San Antonio, the enterprise must be headquartered in Bexar County for any length of time, or shall be doing business in a locality or localities from which the City of San Antonio regularly solicits, or receives bids on or proposals for, City of San Antonio contracts within the AABE, MBE or WBE's category of contracting for at least one year.

# CERTIFICATION APPLICATION

## SECTION I- GENERAL INFORMATION

1. a. Business Name: \_\_\_\_\_
- b. Doing Business Under Name Of (if different):  
\_\_\_\_\_
- c. Physical Address (Main Office):  

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

Street Name	City	State	Zip	County
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- e. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
- f. E-mail: \_\_\_\_\_
- g. WEB: \_\_\_\_\_ h. Mobile: \_\_\_\_\_
- i. Is this business organized for profit?  Yes  No

2. Owner's or Majority Owner's Full Name/Title/Sex/Race:  
\_\_\_\_\_
- Contact Person's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

4. Business Structure (check appropriate business structure):  
 Sole Proprietorship  
 Partnership       Limited Partnership  
 Corporation       Limited Liability Corporation/Company  
 Franchise       Joint Venture  
 Subsidiary - Name of parent company: \_\_\_\_\_

5. Identify your major products/services offered (PROVIDE A SPECIFIC NARRATIVE DESCRIPTION):  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Provide the six-digit NAICS code(s) which corresponds to your work category. These codes can be obtained by visiting [www.sctrca.org](http://www.sctrca.org).  
 \_\_\_\_\_

7. Date Company Established: \_\_\_/\_\_\_/\_\_\_      Date Incorporated: \_\_\_/\_\_\_/\_\_\_

8. What are the gross receipts of the firm for each of the last three years?

Year Ending	Dollar Gross Receipts \$ (exact figure)	Number of Employees Including Owner (Specify if Full Time, Part Time or Contract)
20___	\$	
20___	\$	
20___	\$	

**SECTION II - OWNERSHIP AND CONTROL**

**Race/Ethnic Codes:** CA-White/Caucasian BL-Black/African American HI-Hispanic American AS-Asian Pacific American AS-Sub-Continent Asian American AI-Native American DI-Disabled Individual

9. Please identify the firms' ownership:

Name	Race/ Ethnicity	Sex	Years of Ownership	Ownership Percentage	Date Acquired
1					
2					
3					

10. How was business started or acquired?  New Start-up  Inherited  Brought Existing

11. List officers and directors of corporation (Submit copies of resume(s) for those listed)

Name	Title	Race/ Ethnicity	Sex	Years Of Ownership	Ownership %	Director Y/N
1.						
2.						
3.						

12. Provide name of licensed individual(s) and type of license necessary for business (Submit copies of license(s) with application):

Name of License Holder	Type of License/Certificate	Expiration Date

13. Identify by name, race/ethnicity, sex and title of those individuals in the firm (including owners and non-owners) who are responsible for day-to-day management and policy decision-making, including, but not limited to those with prime responsibility for:

Business Area	Name	Race/ Ethnicity	Sex	Title
<b>Financial Decisions</b>				
<b>Management Decisions</b>				
<b>Estimating</b>				
<b>Personnel</b>				
<b>Purchasing of Major Items/Supplies</b>				
<b>Supervision of Field Operations</b>				
<b>Signing of Contracts</b>				

14. Does your firm have an agreement with any other business or person which relates to management or operation of your business? ( ) No ( ) Yes

**SUBMIT THIS PAGE**

**SECTION III – IMPORTANT NOTICES & AFFIDAVIT**

**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 application for certification. 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 small, minority or woman-owned 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 Small, Minority and Woman-owned business enterprise policies and procedures, please visit [www.sctrca.org](http://www.sctrca.org).

**VENDOR DIRECTORY/DATABASE DISCLOSURE:**

The SCTRCA does **not** disclose information which 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 which 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 Applicant Firm, if any, will be available to the public in the SCTRCA vendor directory/database.

**Signature of Sole Proprietor, Majority Owner, or President of Corporation:**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**