

Metropolitan Washington Airports Authority

LOCAL DISADVANTAGED BUSINESS ENTERPRISE (LDBE) CERTIFICATION APPLICATION

This application is for companies applying for Local Disadvantaged Business Enterprise (LDBE) certification or recertification with the Metropolitan Washington Airports Authority.

ELIGIBILITY REQUIREMENTS

To qualify as an LDBE, a firm must be a small business concern that is organized for profit and that is located within a 100-mile radius of the District of Columbia's zero mile marker. Those business entities located within counties that fall partially within the aforementioned boundary are also eligible to participate in the Authority's LDBE program. "Located" means that as of the date of its LDBE application, a business entity has an established office or place of business within a city, county, or town within the 100-mile radius referenced above. Evidence of whether a business is "located" within the region include: an office address within the 100-mile radius that is not a post office box and that is not an office principally devoted to the performance of work on a single project, and; the firm's owner, management, or the firm's employees are present and conduct the firm's business on a regular and frequent basis at that address. In addition, the firm must have one or more of the following: a business license or registration to do business locally, if applicable to the business; receipts showing payment of local taxes by the business; current performance of work in the local area; or other evidence that demonstrates that the business entity has an established local presence, and that its local presence is not just in connection with performance of a contract or project that it has received, or that it anticipates receiving, from the Authority or any other entity. A residential address will not be considered an office address unless the firm demonstrates to the Authority that the residence is used on a full-time basis during business hours for conducting the firm's business.

Further, a local office that principally serves to market the firm locally is not considered to have an established local presence, unless the office is used full-time by principals and employees of the firm, the firm pays local taxes and the office is used for the current performance of work in the local area. A firm that is doing business from a local telework center, or similar facility in which businesses share facilities, such as receptionists or copiers, on a short or long term basis, will not be considered to have a sufficient local presence unless the firm's principals and employees use it on a full-time basis.

A "small business" is defined, for LDBE purposes, as a firm that is not dominant in its field, and that meets the Authority's small business size standards for the goods it will be supplying or services it will be performing in a specific solicitation. The receipts of the business or the number of employees, whichever is applicable to the size standard in question, including all affiliates, will be counted in determining size of the firm. The Authority uses the Small Business Administration regulations, 13 CFR Part 121, as guidance in determining whether firms are affiliates of each other. A firm is not considered dominant in its field of operation when it does not exercise a controlling or major influence in a kind of business activity in which a number of business concerns are primarily engaged. In determining whether dominance exists, consideration will be given to all appropriate factors including volume of business, number of employees, financial resources, and competitive status or position.

LDBE INFORMATION

Once certified, your certification will be valid for a period of 3 years. You should apply for recertification 60 days before the expiration date of your certification. If your company undergoes any change in location during the period of certification, this change must be reported to the Authority immediately. Your certification is subject to review by the Authority at any time during the effective period of this certification. We reserve the right to request additional information, if at any time you are found not to be a qualified LDBE, your certification will be terminated the Authority.

To apply for LDBE certification or recertification with the Authority, complete the attached application and submit it along with any other supporting documentation to:

Metropolitan Washington Airports Authority
Equal Opportunity Programs Department, MA-410
1 Aviation Circle
Washington, DC 20001-6000

(Revised 3/2005)

LDBE CERTIFICATION APPLICATION INSTRUCTIONS

Please read the following instructions carefully before completing application.

GENERAL:

1. **TYPE or PRINT** your answers clearly.
2. Complete **ALL** questions.
3. Do not leave **ANY** items blank. If the question does not apply to you, write/type "N/A" or "Not Applicable." Incomplete responses will delay the processing of your application.
4. Complete affidavit and have it **NOTARIZED** by a public notary official who is not a principal or employee of your firm. Only an original signed and notarized affidavit will be accepted.
5. Be sure you have included all pertinent information before submitting your application.

GUIDANCE FOR SPECIFIC QUESTIONS:

6. **Question 1, Address.** Provide street address. A Post Office Box is not acceptable, unless it is an official address in a rural area.
7. **Question 2, Contact Person.** Person listed should have a full understanding and knowledge of the company's corporate structure, affiliates, and types of services offered.
8. **Question 3, Facsimile Number.** If facsimile number is the same as the telephone number, list it again.
9. **Question 4b, Clarification of Job Description.**

Stocking Supplier - is a firm that owns, operates or maintains a store, warehouse or other establishment in which materials or supplies required for the performance of its supplying services are bought, kept in stock and regularly sold to the public in the usual course of business. To be a stocking supplier, a firm must engage in, as its principal business and in its own name, the purchase and sale of the products in question.

Stocking Distributor - is a firm that owns, operates or maintains a store, warehouse or other establishment in which the materials or supplies required for the performance of its supplying services are bought, kept in stock and regularly sold primarily to retailers, professional business users, other wholesalers, other acting agents or brokers buying merchandise for sale to such persons or companies in the usual course of business. To be a stocking distributor, a firm must engage in, as its principal business and in its own name, the purchase and sale of products in question.

Broker, Agent, Packager - is a supplier that does **NOT** own, operate or maintain a store, warehouse or other establishment in which the materials or supplies required for the performance of its supplying services are bought, kept in stock and regularly sold primarily

to retailers; to industrial, commercial, institutional, farm, construction contractors, or professional business users; to other wholesalers; or to other acting agents or brokers. A Broker, Agent, Packager is **NOT** required to engage in the purchase and sale of the products in question as its principal business.

Manufacturer - is a producer of goods from raw materials or one which substantially alters them before resale.

10. **Question 6b, Other Certification.** List other agencies with which your firm is currently certified as a DBE, MBE and/or WBE, and include a copy of the certification letter. If additional space is needed, attach additional sheets.

Minority - or Woman-Owned. A minority business enterprise (MBE) or woman business enterprise (WBE) is defined as a firm that is at least 51 percent owned and controlled by minorities or women, respectively.

11. **Question 6c, Race/Ethnicity.** Check race/ethnicity and sex of owner and state percentage of ownership. This information will be used for monitoring purposes only and will have no impact on the review of your application.
12. **Question 7, Products or Services Offered.** The authority will certify a company for up to five of its services and/or goods for which there are available contracting opportunities. To help expedite the certification process, attach a brief description of your company's services or goods offered. Your company's capability statement or sales literature is helpful.
13. **Question 8a, Gross Receipts.** If your company is less than 3 years old, you must provide receipts for years you have been in existence. You must also provide a copy of your lease agreement for place of business or a copy of your business license.

You may be requested to provide additional information or supporting documentation or be subject to an on-site visit to help us determine your eligibility as an LDBE. Your information is considered confidential and will not be provided to an outside party unless you expressly request that this be done. If you need assistance completing this application, please call the Equal Opportunity Programs Department at (703) 417-8625.

Metropolitan Washington Airports Authority

LDBE CERTIFICATION APPLICATION

Complete ALL items.

Mark "N/A" if not applicable.

Request for:
 Certification
 Recertification

COMPANY NAME & ADDRESS (No Post Office Box unless Rural Address)

1. Company Name: _____
 Street: _____
 City, State, Zip: _____ E-mail Address: _____

2. Contact Person/Title: _____

3. Telephone: _____ Fax: _____

<p>4a. Type of Ownership:</p> <p><input type="checkbox"/> Corporation Date Incorporated _____</p> <p><input type="checkbox"/> Partnership Date of Agreement _____</p> <p><input type="checkbox"/> Sole Proprietorship Date Established _____</p>	<p>4b. Do you intend to work as (check all applicable):</p> <p><input type="checkbox"/> Construction Contractor <input type="checkbox"/> Manufacturer</p> <p><input type="checkbox"/> Stocking Distributor <input type="checkbox"/> Broker, Agent, Packager</p> <p><input type="checkbox"/> Stocking Supplier Other _____</p>
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5. RFQ/RFP that company (as an LDBE) is responding to (if known): _____

<p>6. Is your company currently certified as:</p> <p>a. DBE by the Authority <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. DBE/MBE/WBE by other agencies <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list agencies and attach certification letters:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>6c. Race/ethnicity/gender of company's owner(s): (for monitoring purposes only)</p> <table border="0"> <tr> <td>Race/Ethnicity:</td> <td style="text-align: right;">% of Ownership</td> </tr> <tr> <td><input type="checkbox"/> African American</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> Hispanic American</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> Asian American</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> Native American</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> Caucasian</td> <td style="text-align: right;">_____</td> </tr> <tr> <td colspan="2">Gender:</td> </tr> <tr> <td><input type="checkbox"/> Male</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> Female</td> <td style="text-align: right;">_____</td> </tr> </table>	Race/Ethnicity:	% of Ownership	<input type="checkbox"/> African American	_____	<input type="checkbox"/> Hispanic American	_____	<input type="checkbox"/> Asian American	_____	<input type="checkbox"/> Native American	_____	<input type="checkbox"/> Caucasian	_____	Gender:		<input type="checkbox"/> Male	_____	<input type="checkbox"/> Female	_____
Race/Ethnicity:	% of Ownership																		
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<input type="checkbox"/> Asian American	_____																		
<input type="checkbox"/> Native American	_____																		
<input type="checkbox"/> Caucasian	_____																		
Gender:																			
<input type="checkbox"/> Male	_____																		
<input type="checkbox"/> Female	_____																		

7. List primary products or services offered (show SIC code if known): (Attach brochure or summary of company capabilities, if available)

8a. List company's gross receipts and number of employees for last 3 years:

Year Ending	Gross Receipts	No. of Employees
	\$ _____	
	\$ _____	
	\$ _____	

8b. List affiliate company (or companies):

9. List the following for your company:

a. Owner(s)	b. Board of Directors	c. Officers/Position

10a. Do any of the persons identified in question 9a have controlling or majority ownership interest in another company?
 Are any of the persons identified in question 9a a director, officer or current employee in another company? Yes No *If yes, list:*
(Use additional sheets if necessary)

Name	Company Name	Business Relationship

10b. Does your company have any of the following business relationships with another company: shared space, financial, same employees? Yes No *If yes, list:*

Name	Company Name	Business Relationship

10c. List gross receipts and number of employees for the last 3 years for each company in questions 10a and 10b:

Company Name	Year Ending	Gross Receipts	No. of Employees
		\$	
		\$	
		\$	

Company Name	Year Ending	Gross Receipts	No. of Employees
		\$	
		\$	
		\$	

11. Bonding Company *(if any):* _____ Bonding Limit: _____

12. Tax ID No.: _____ **13.** Dun & Bradstreet No.: _____

14. Are you authorized to do business locally? Yes No
If yes, where (state/county) _____ State Contractor's Reg. No. _____
 Do you have a Virginia Class A License? Yes No Class A Category: _____
 Do you have a Virginia Class B License? Yes No

15. Who determines what jobs the company will undertake?

16. Who is responsible for on-site project supervision?

17. List the 3 largest contracts your company has participated on and what was done:

a. Owner/contractor/government agency: _____
 Project name or contract/location: _____
 Job description: _____

 Contract amount: \$ _____

b. Owner/contractor/government agency: _____
 Project name or contract/location: _____
 Job description: _____

 Contract amount: \$ _____

c. Owner/contractor/government agency: _____
 Project name or contract/location: _____
 Job description: _____

 Contract amount: \$ _____

Metropolitan Washington Airports Authority

AFFIDAVIT OF LDBE

The undersigned swears to the best of his or her knowledge, information and belief that the foregoing statements are true and correct and include all material information necessary to identify the size, location, operations and ownership of

Company Name _____

Further, if LDBE certification is granted, the undersigned agrees to provide through the prime contractor or, if no prime contractor, directly to the Metropolitan Washington Airports Authority (the Authority), current, complete and accurate information regarding actual work performed on an Authority contract; payment received for such work; any change to the work to be performed or payment to be received; and to permit the audit and examination of books, records and files of the named company. Any material misrepresentation may be grounds for revocation of LDBE certification, contract termination and/or initiating action under federal or state laws concerning false statements.

If, after certification as an LDBE, there is a significant change in any of the information submitted in this application, the undersigned understands that he/she must inform the Authority of the change.

Signature _____ **Date** _____

Name _____

Title _____

Affix corporate seal (if *applicable*)

The following is to be completed by a Notary.

State of _____ County of _____

On this _____ day of _____ 20____, before me appeared (*name*) _____ to me personally known, who being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized by (*name of company*) _____ to execute the affidavit and did so as his or her free act and deed.

Notary Public (*signature*) _____ (*printed name*) _____

Commission Expires _____ **Notary Seal:**

Metropolitan Washington Airports Authority

LDBE CERTIFICATION APPLICATION: ADDITIONAL INFORMATION SHEET

COMPANY NAME: _____

Please also provide us the following information (it is a continuation of the application form)

18. Company's Website Address (if none, write *NONE*): _____

19. State of Incorporation/Registration: _____

20. Charter/Registration No: _____

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

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

Note:

In item 17 of your LDBE application, you had filled in the following information:

List the 3 largest contracts your company has participated on and what was done:

Owner/contractor/government agency: _____

Project name or contract /location _____

Job description: _____

Contract amount: \$ _____

Do you permit the information in item 17 (that you provided to us previously) and item 21(as seen above) to be publicly available in the Authority's future web-based L/DBE directory, so that others can view it:

Yes____ No____