



## Office of Business Diversity & Community Relations

### Small Business Enterprise Verification Application 49 C.F.R. Part 26

All firms wishing to verify its status as a Small Business Enterprise (SBE) must complete this application and submit it to Metra's Office of Diversity and Civil Rights for review and determination of its eligibility.

Completed applications are to be forwarded to:

Janice R. Thomas, Senior Division Director  
Office of Business Diversity & Community Relations  
547 W. Jackson Boulevard  
Chicago, IL 60661-5717  
(312) 322-6323

#### Should I apply?

- Is the firm at least 51%-owned by an economically disadvantaged individual(s) who also controls the firm?
- Is the disadvantaged owner a U.S. citizen or lawfully admitted permanent resident of the U.S.?
- Is the firm a small business that meets the Small Business Administration's (SBA's) size standard and does not exceed \$23.98 million in gross annual receipts?
- Is the firm organized as a for-profit business?

→ If you answered Yes to all of the questions above, you may be eligible to participate in the SBE program.

**If the firm is currently certified as a Disadvantaged Business Enterprise (DBE), you do not have to complete this application. All DBEs are automatically considered SBEs.**

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Verification is **free**. There is **no fee** for applying for SBE verification with Metra

Under Sec. 26.107 of 49 CFR Part 26, dated February 2, 1999, if at any time, Metra has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, Metra 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.

## **SBE VERIFICATION APPLICATION SUPPORTING DOCUMENTS CHECK LIST**

In order to complete your application for SBE status, you must attach copies of all of the following documentation as they apply to you and the applicant firm.

### **All Applicants**

- Work experience resumes (include places of ownership/employment with corresponding dates), for all owners and officers of the firm
- Personal Net Worth (PNW) Statement (form included with this application)
- Federal Personal tax returns (including all schedules) for the past three years, for each owner claiming disadvantaged status
- The firm's Federal tax returns (gross receipts), including all related schedules, for the past three years
- Documented proof of contributions used to acquire ownership for each owner (e.g., both sides of cancelled checks)
- Year-end balance sheets and income statements for the past three years (or life of firm, if less than three years); a new business must provide a current balance sheet
- All relevant licenses, license renewal forms, permits, and haul authority forms
- Bank authorization and signatory cards
- Schedule of salaries (or other compensation or remuneration) paid to all officers, managers, owners, and/or directors of the firm
- Submit proof of citizenship/legal permanent resident status if born outside U.S.A. (Alien registration number or Green Card.) U.S. Citizens should submit a Birth Certificate, Voter's Registration card, U.S. Passport or Armed Services Discharge papers (DD214).

### **Sole Proprietor**

- Assumed Name Registration (*signed by the state official*)

### **Partnership or Joint Venture**

- Original and any amended Partnership or Joint Venture Agreements

### **Corporation**

- Official Articles of Incorporation (*signed by the state official*)
- Corporate by-laws and any amendments
- Corporate bank resolution and bank signature cards

### **LLC**

- Official Certificate of Formation
- Operating Agreement with any amendments

### **Trucking Firms**

- Documented proof of ownership for each truck owned or operated by the firm
- Insurance agreements for each truck owned or operated by your firm
- Title(s) and registration certificate(s) for each truck owned or operated by your firm
- List of U.S. DOT numbers for each truck owned or operated by your firm

### **Regular Dealers**

- Proof of warehouse ownership or lease
- List of product lines carried
- List of distribution equipment owned and/or leased

**GENERAL INFORMATION**

**If a question does not apply, write "N/A".**

|  |  |
|--|--|
| Is the firm "for profit"? <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input checked="" type="checkbox"/> <b>STOP!</b> If the firm is NOT for-profit, then you do NOT qualify for this program and do NOT need to fill out this application. |
| Is the firm currently certified for either of the following programs? <input type="checkbox"/> SBA 8(a) <input type="checkbox"/> SDB<br>(If Yes, check appropriate box(es).) |  |

**A. Contact Information**

|  |  |
|--|--|
| (1) Contact Person and Title:                        | (2) Legal Name of Firm:                            |
| (3) Phone #:   | (4) Other Phone #:                                 |
| (5) Fax #:   | (6) E-mail:  |
| (7) Website:   | (8) Street address of firm ( <i>No P.O. Box</i> ): |
| City:  | County/Parish:                                     |
| State:   | Zip:   |
| (9) Mailing address of firm ( <i>if different</i> ): | City:  |
| County/Parish:                                       | State:   |
| Zip:   |  |

**B. Prior/Other Applications and Privileges**

|  |
|--|
| Has the firm ( <i>under any name</i> ) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application for any program, or ever been denied certification, decertified, debarred, suspended, or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity? |
| <input type="checkbox"/> Yes, on ___/___/___ <input type="checkbox"/> 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 the firm including NAICS codes:  | (2) Federal Tax ID No.:                          |
| (3) This firm was established on ___/___/___  | (4) I/We have owned this firm since: ___/___/___ |
| (5) Method of acquisition ( <i>check all that apply</i> ):  |  |
| <input type="checkbox"/> Started new business <input type="checkbox"/> Bought existing business <input type="checkbox"/> Inherited business <input type="checkbox"/> Secured concession |  |
| <input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Other ( <i>explain</i> ): _____   |  |
| (6) Type of firm ( <i>check all that apply</i> ):   |  |
| <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation  |  |
| <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Joint Venture  |  |
| <input type="checkbox"/> Other, Describe: _____   |  |
| (7) Number of employees: Full-time _____ Part-time _____ Total _____  |  |
| (8) Specify the gross receipts of the firm for the last 3 years:  |  |
| Year: _____ Total receipts: \$ _____  |  |
| Year: _____ Total receipts \$ _____   |  |
| Year: _____ Total receipts \$ _____   |  |

**D. Relationships with Other Businesses**

(1) Is the 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 the firm: | (a) been a subsidiary of any other firm?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | (b) consisted of a partnership in which one or more of the partners are other firms? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | (c) owned any percentage of any other firm?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | (d) had any subsidiaries?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

(3) Has any other firm had an ownership interest in the firm at present or any time in the past?  Yes  No

(4) If you answered "Yes" to any of the question in (2) (a) – (d) and/or (3), identify the following for each:

| Name | Address | Type of business |
|------|---------|------------------|
| 1.   |         |                  |
|      |         |                  |
|      |         |                  |
|      |         |                  |
| 2.   |         |                  |
|      |         |                  |
|      |         |                  |
|      |         |                  |
| 3.   |         |                  |
|      |         |                  |
|      |         |                  |
|      |         |                  |
| 4.   |         |                  |
|      |         |                  |
|      |         |                  |
|      |         |                  |
| 5.   |         |                  |
|      |         |                  |
|      |         |                  |
|      |         |                  |

### OWNERSHIP

Identify all individuals or holding companies with any ownership interest in the firm, providing the information requested below: *(If more than one owner, attach separate sheets for additional owners.)*

**Owner:**

|   |  |  |             |                     |      |          |             |          |           |          |       |          |
|---|--|--|-------------|---------------------|------|----------|-------------|----------|-----------|----------|-------|----------|
| (1) Name:   | (2) Title:   | (3) Home Phone #:  |             |                     |      |          |             |          |           |          |       |          |
| (4) Home Address ( <i>street and number</i> ):  |  |  |             |                     |      |          |             |          |           |          |       |          |
| City:   | State:   | Zip:   |             |                     |      |          |             |          |           |          |       |          |
| (5) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female   |  | (6) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No |             |                     |      |          |             |          |           |          |       |          |
| (7) Ethnic group membership ( <i>Check all that apply</i> ):  |  |  |             |                     |      |          |             |          |           |          |       |          |
| <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific<br><input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Other (specify) _____                                      |  |  |             |                     |      |          |             |          |           |          |       |          |
| (8) Lawfully Admitted Permanent Resident:<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | (11) Initial investment to acquire ownership interest in firm:   |  |             |                     |      |          |             |          |           |          |       |          |
| (9) Number of years as owner:   | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;"><u>Type</u></td> <td style="text-align: center; border-bottom: 1px solid black;"><u>Dollar Value</u></td> </tr> <tr> <td>Cash</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Real Estate</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Equipment</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other</td> <td style="text-align: right;">\$ _____</td> </tr> </table> |  | <u>Type</u> | <u>Dollar Value</u> | Cash | \$ _____ | Real Estate | \$ _____ | Equipment | \$ _____ | Other | \$ _____ |
| <u>Type</u>   | <u>Dollar Value</u>  |  |             |                     |      |          |             |          |           |          |       |          |
| Cash  | \$ _____   |  |             |                     |      |          |             |          |           |          |       |          |
| Real Estate   | \$ _____   |  |             |                     |      |          |             |          |           |          |       |          |
| Equipment   | \$ _____   |  |             |                     |      |          |             |          |           |          |       |          |
| Other   | \$ _____   |  |             |                     |      |          |             |          |           |          |       |          |
| (10) Percentage Owned:  |  |  |             |                     |      |          |             |          |           |          |       |          |
| (12) Shares of Stock:   |  |  |             |                     |      |          |             |          |           |          |       |          |
| <u>Number</u>   | <u>Percentage</u>  | <u>Class</u> <u>Date Acquired</u> <u>Method Acquired</u>                   |             |                     |      |          |             |          |           |          |       |          |
| (13) Does this owner perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |             |                     |      |          |             |          |           |          |       |          |
| If Yes, identify:    Name of Business: _____  |  |  |             |                     |      |          |             |          |           |          |       |          |
| Function/Title: _____   |  |  |             |                     |      |          |             |          |           |          |       |          |
| (14) 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> )? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |             |                     |      |          |             |          |           |          |       |          |
| If Yes, identify: Name of Business: _____ Function/Title: _____   |  |  |             |                     |      |          |             |          |           |          |       |          |
| Nature of Business Relationship: _____  |  |  |             |                     |      |          |             |          |           |          |       |          |
| _____   |  |  |             |                     |      |          |             |          |           |          |       |          |
| _____   |  |  |             |                     |      |          |             |          |           |          |       |          |

### CONTROL

**A. Identify the firm's Officer's & Board of Directors** (If additional space is required, attach a separate sheet):

|                             | Name | Title | Date Appointed |
|-----------------------------|------|-------|----------------|
| (1) Officers of the Company | (a)  |       |                |
|                             | (b)  |       |                |
|                             | (c)  |       |                |
|                             | (d)  |       |                |
|                             | (e)  |       |                |
| (2) Board of Directors      | (a)  |       |                |
|                             | (b)  |       |                |
|                             | (c)  |       |                |
|                             | (d)  |       |                |
|                             | (e)  |       |                |

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

|  | Name | Title |
|--|------|-------|
| (1) Financial Decisions<br><i>(responsible for acquisition of lines of credit, surety bonding, supplies, etc.)</i> | (a)  |       |
|  | (b)  |       |
| (2) Estimating and bidding   | (a)  |       |
|  | (b)  |       |
| (3) Negotiating and Contract Execution   | (a)  |       |
|  | (b)  |       |
| (4) Hiring/firing of management personnel  | (a)  |       |
|  | (b)  |       |
| (5) Field/Production Operations Supervisor   | (a)  |       |
|  | (b)  |       |
| (6) Office management  | (a)  |       |
|  | (b)  |       |
| (7) Marketing/Sales  | (a)  |       |
|  | (b)  |       |
| (8) Purchasing of major equipment  | (a)  |       |
|  | (b)  |       |
| (9) Authorized to Sign Company Checks (for any purpose)  | (a)  |       |
|  | (b)  |       |
| (10) Authorized to make financial Transactions   | (a)  |       |
|  | (b)  |       |

Do any of the persons listed in (A1) through (B10) 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 (A1) through (B10) 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: \_\_\_\_\_

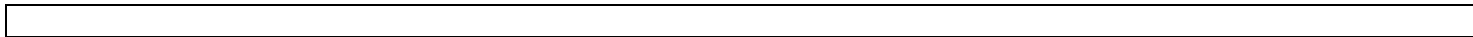
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**C. Does the firm rely on any other firm for management functions or employee payroll?**  Yes  No

If Yes, Explain:

**D. Financial Information**

(1) Banking Information:

(a) Name of Bank: \_\_\_\_\_ (b) Phone No. (      ) \_\_\_\_\_

(c) Address of bank: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

(a) Binder No: \_\_\_\_\_

(b) Name of agent/broker: \_\_\_\_\_ (c) Phone No.: (      ) \_\_\_\_\_

(d) Address of agent/broker: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(e) Bonding limits: Aggregate limit \$ \_\_\_\_\_ Project limit \$ \_\_\_\_\_

**E. List current licenses/permits held by any owner and/or employee of the 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 |
|-------------------------------|------------------------|-----------------|--------------------------|
| 1.                            |                        |                 |                          |
| 2.                            |                        |                 |                          |
| 3.                            |                        |                 |                          |

**F. List three active jobs on which the firm is currently working:**

| Name of Prime Contractor and Project Number | Location of Project (City, State) | Type of Work | Project Start Date | Anticipated Completion Date | Dollar Value of Contract |
|---|-----------------------------------|--------------|--------------------|-----------------------------|--------------------------|
| 1.  |                                   |              |                    |                             |                          |
| 2.  |                                   |              |                    |                             |                          |
| 3.  |                                   |              |                    |                             |                          |

- SUBMIT SIGNED COPIES OF CONTRACTS/PURCHASE ORDERS/INVOICES FOR PROJECTS IDENTIFIED.