

Minority and Women-owned Business Enterprise
RECERTIFICATION APPLICATION

Important – This application is for certification status and for use only by businesses currently certified by The Port Authority of NY & NJ as an MBE or WBE.

If a question is not applicable to your business, insert “N/A” in the space provided for your answer.

For questions, call the Certification Helpline at (212) 435-7808 or E-mail certhelp@panynj.gov

1a. Business Name and Street address Federal Taxpayer's I.D. No.:

1b. “Doing Business As” (D/B/A) Name:

1c. Mailing Address (if different from street address):

1d. Business Phone Number: Fax:

Business email Address: Business Website:

1e. Has your firm relocated since last certification? No Yes
If “Yes”, provide a copy of the lease agreement or proof of ownership.

2a Business Owner/Title/Cell Phone

2b. Name, title, phone and email address of an authorized representative to be contacted during the application review.

3. Business Structure:

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

3a. Is this a change since firm was last certified? No Yes

If yes, describe change and submit the supporting documentation.

3b. Is this a Veteran Owned Business Yes No

- Veteran Owned Business (VOB)
Service Disabled Veteran Owned Business (SDVOB)

4. Please provide gross receipts (sales) for each of the last five fiscal years. (SUBMIT COPIES OF FIRM’S TAX RETURNS INCLUDING ALL SCHEDULES AND ATTACHMENTS FOR THE PAST THREE YEARS)

\$ Last year \$ Previous year \$ \$ \$

5. Name of all Persons with ownership interest:

Name	Position	Group Code*	% Owned	Sex	US Citizen or Permanent Resident Alien
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Group Code Key (Refer to Page 4 - "Definitions of Group Codes")

Is this a change since business was last certified? No Yes

If "Yes", provide supporting documentation. E.g. bylaws, stock certificates, updated stock ledger minutes.

6. Does your business share office space, yard space, personnel or equipment with any other businesses?

No Yes

If "Yes", complete the following:

Business Name	Phone	Personnel (X)	Office Space ("X")	Yard Space (X)	Equipment ("X")	Machinery (X)

Describe arrangement(s):

7. Do any principals, officers and/or owners of the business have an affiliation i.e. business interest or employment with any other business? No Yes If "Yes", please complete the following:

Name (First and Last)	Email Address	Name and Address of Affiliated Business	Nature of Business	Nature of Affiliation

Is this a change since the firm was last certified? No Yes .

8. Since your last certification by the Port Authority, has business been certified, denied or decertified by any other governmental agency? No Yes If Yes, complete the following:

Name of Governmental Entity	Entity Contact	Program (MBE, WBE, SBE, DBE)	Status (Pending, Certified, Decertified, Denied, On Appeal)	Date (mm/yy)

9. Identify those individuals responsible for managerial operations (Indicate if owner or non-owner):

<u>Name & Title</u>	<u>Gender</u>	<u>*Group Code</u>	<u>Owner or Non-Owner</u>
Financial Decisions			
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
Estimating			
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
Preparing Bids			
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
Negotiating Contracts			
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
Negotiating Insurance			
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
Marketing & Sales			
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
Purchasing Equipment/Supplies			
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
Managing & Signing Payroll			
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
Signatures for Business Accounts			
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner

*See "Definitions of Group Codes" on page 4

DEFINITIONS OF GROUP CODES

(To be used for Question 5, Page 2 and Question 9, Page 3)

Group Code	Group Name	Group Definition
01	Black	Persons having origins from any of the black African racial groups not of Hispanic origin
02a	Hispanic	All persons of Mexican, Puerto Rican, Cuban, Caribbean Islands, Central or South American culture or origin, regardless of race
02b	Portuguese	Persons whose culture or origin is rooted in Portugal
02c	Spanish	Persons whose culture or origin is rooted in Spain
03a	Asian-Pacific	Persons having origins in any of the original peoples of the Far East, Southeast Asian or the Pacific Islands
03b	Asian-Indian	Persons having origins in any of the original peoples of the Indian subcontinent
04	Native American	Persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation or community identification
05	White (Non-Hispanic)	Persons whose culture or origin is other than those defined above
06	Other	Persons other than those defined above who believe they are socially and economically disadvantaged

ACKNOWLEDGEMENTS AND VERIFICATION

FIRST, this certification application form, the supporting documents, and any other information provided in support of the application are considered part of the application. The making of any false statements or misrepresentations in the application may result in the applicant’s disqualification from certification as MBE/WBE/SBE by The Port Authority of New York and New Jersey for itself and its subsidiaries, which are included in the term “Port Authority”.

SECOND, the information contained herein is subject to the Port Authority’s Freedom of Information policy as reflected in the resolution adopted by the Committee on Operations of the Port Authority on August 13, 1992.

THIRD, the Port Authority may require further proof of eligibility for certification in addition to the information disclosed in this application and the applicant shall cooperate with the Port Authority in supplying the additional information. By completing this application, the applicant agrees to submit the additional proof required and acknowledges that the Port Authority may decide to close out the application if the additional proof is not submitted within 30 days after it is requested.

FOURTH, by completing this application, the applicant consents to examination of its books and records and interviews of its principals and employees by the Port Authority for the purpose of determining whether the applicant is, or continues to be, an eligible Minority or Woman-owned or Small Business Enterprise. The applicant acknowledges that its certification may be denied if such examinations or interviews are refused or if the Port Authority determines, as a result of the examinations or interviews, that the applicant does not qualify for certification as a Minority or Woman-owned or Small Business Enterprise.

FIFTH, by filing this application, the applicant consents to inquiries being directed by the Port Authority to the applicant’s bonding companies, banking institutions, credit agencies, contractors, clients and other certifying agencies for the purpose of ascertaining the applicant’s eligibility for certification. If the applicant fails to permit such inquiring to be made, such failure may be grounds for denying or revoking the applicant’s certification.

SIXTH, the applicant agrees that it will advise the Port Authority of any change in the ownership or operational and managerial control of applicant’s business after the certification application has been filed, within 30 days of such change.

SEVENTH, certification is normally granted for a period of five (5) years. However, the Port Authority may require submission of a new application, additional information, examinations of the applicant’s principals and employees any time before the expiration of the five-year certification period. The applicant’s failure to submit such material or to consent to such examinations and interviews will be grounds for revocation of certification.

EIGHTH, the filing of this application, its acceptance by the Port Authority, and any subsequent certification of the applicant by the Port Authority is not intended to and does not create any procedural or substantive rights enforceable at law by the applicant against the Port Authority, its Commissioners, officers, agents or employees and any such certification is only intended to facilitate the identification of qualified and bona fide Minority, Woman-owned and Small Business Enterprises.

NINTH, the Code of Ethics certification attached hereto shall be considered a part of this certification application and the applicant is advised to familiarize him/herself with the terms of the certification prior to submitting this application.

TENTH, in submitting this application the applicant and each person signing on behalf of the applicant certifies that, to the best of their knowledge and belief, the following statements are true and correct:

- A) No individual who is current or former employee of the Port Authority or its subsidiaries (i.e., Port Authority Tans-Hudson Corporation (PATH): Newark Legal and Communications Center Urban Renewal Corporation) other than those individuals identified in the space immediately below (1) owns an interest in; or (2) has involvement in a relationship with the applicant firm (a) from or as a result of which the individual has received within the past year, or is entitled to receive in any future year, more than \$1,000 or its equivalent; or (b) which has a market value in excess of \$1,000. * (List here any such current or former Port Authority Employee (s))
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- B) No individual who is a current or former employee of the Port Authority or its subsidiaries other than those individuals identified in the space immediately below (1) holds a position in the applicant firm such as an officer, director, trustee, partner, employee, or a position of management; or (2) acts as a consultant, agent or representative of the firm in any capacity. * (List here any such current or former Port Authority Employee (s))
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*Included within the scope of this certification are the individuals identified by the applicant in response to question 5.

Applicant _____

Date _____

VERIFICATION

STATE OF _____

COUNTY OF _____

(A) For Sole Proprietorships, Partnerships, and Limited Liability Partnerships

_____, being duly sworn, states that he or she is the owner of (or a Partner in) the entity making the foregoing application and that the statements and representations made in the application are true to his or her own knowledge.

Signature Date

(B) For Corporations and Limited Liability Companies

_____, being duly sworn, states that he or she is the
Name of Corporate Officer

_____ of _____,
Title of Corporate Officer Name of Corporation

the entity making the foregoing application, that he or she has read the application and knows its contents, that the statements and representations made in the application are true to his or her knowledge, and that the application is made at the direction of the Board of Directors of the Corporation.

Corporate Seal _____ Signature Date

Sworn to before me this _____ day of _____, 20_____

Notary Public

Mail to: The Port Authority of New York and New Jersey
Office of Business Diversity and Civil Rights - Certification Unit
233 Park Avenue South, 4th Floor
New York, NY 10003

Note: Applicant must also sign page 5.

CODE OF ETHICS CERTIFICATION

In signing and submitting the annexed Certification Application, each applicant and each person signing on behalf of any applicant certifies that they have not made any offers or agreements or given or agreed to give anything of value or taken any other action with respect to any employee or former employee of The Port Authority of New York and New Jersey or any of its subsidiaries (hereinafter referred to as "the Authority") or any immediate family member of either which would constitute a breach of ethical standards under the Code of Ethics and Financial Disclosure dated as of July 18, 1994 (a copy of which is available upon request to the Economic Development Department/Business & Job Opportunity), nor do they have any knowledge of any act on the part of such employee or former employee relating either directly or indirectly to the applicant which constitutes a breach of the ethical standards set forth in said Code.

As used herein "anything of value" shall include but not be limited to any (a) favors, such as meals, entertainment, transportation (other than that contemplated by any Authority contract), etc., which might tend to obligate the Authority employee to the Contractor and (b) gift, gratuity, money, goods, equipment, services, lodging, discounts not available to the general public, offers or promises of employment, loans or the cancellation thereof, preferential treatment or business opportunity. Such term shall not include compensation contemplated by any Authority contract.

The foregoing certification shall be deemed to have been made by the applicant as follows: If the applicant is a corporation, such certification shall be deemed to have been made not only with respect to the applicant itself, but also with respect to each director and officer, as well as, to the best of the certifier's knowledge and belief, each stockholder with an ownership interest in excess of 10%; if the applicant is a partnership, such certification shall be deemed to have been made not only with respect to the applicant itself, but also with respect to each partner. Moreover, the foregoing certification, if made by a corporate applicant, shall be deemed to have been authorized by the Board of Directors of the applicant, and such authorization shall be deemed to include the signing and submission of the bid and the inclusion therein of such certification as the act and deed of the corporation.

In any case where the applicant cannot make the foregoing certification, the applicant shall so state and shall furnish with the application a signed statement, which sets forth in detail the reasons thereof.

The foregoing certification or signed statement shall be deemed to have been made by the applicant with full knowledge that it would become part of the records of the Authority and that the Authority will rely on its truth and accuracy in granting certification.

Applicants are advised that knowingly providing a false certification or statement pursuant hereto may be the basis for prosecution for offering a false instrument for filing (see e.g., New York Penal Law, Section 175.30 et. Seq.). Applicants are also advised that the inability to make such certification will not in and of itself disqualify an applicant, and that in each instance the Authority will evaluate the reasons therefore provided by the applicant.

SMALL BUSINESS ENTERPRISE PROGRAM

To be eligible for certification, businesses must:

- Have its principal place of business in either New York or New Jersey
- Have operated in that specific type of business for at least three (3) years
- Not exceed the average annual income limitations (cited below) utilizing gross revenues for the last three (3) fiscal years

Average Annual Income Limitation for Programs

Construction Program - \$14 million

The Port Authority's Engineering Department must also qualify firms applying for this program. This requires the submittal of acceptable references for completed contracts. A minimum of three (3) acceptable references is required for each construction specialty area.

Commodity Program - \$7 million

Firms eligible to participate in the Commodity Program are eligible to take advantage of a five percent (5%) price preference in designated contracts solicited by the Port Authority's Procurement Division.

Janitorial Maintenance Program - \$16.5 million

Financial Services - \$7 million

SUPPORTING DOCUMENTATION CHECKLIST

Attach copies of the following documents, as applicable. Indicate documents submitted by checking the appropriate boxes. **COPIES ONLY – NO ORIGINALS.**

1. REQUIRED FOR ALL APPLICANTS

1. Most recent three years' business federal taxes (all pages, all schedules)
2. Lease agreement or proof of ownership (deed/mortgage) for business location(s)
3. Marketing data form (attached)

2. REQUIRED FOR VETERAN OWNED BUSINESSES AND SDVOBs

- A copy of the verification letter from the Department of Veterans Affairs, Center for Veterans Enterprise

3. REQUIRED FOR CONSTRUCTION/ARCHITECTURAL & ENGINEERING FIRMS

- Applicable licenses/permits

4. REQUIRED FOR CONSTRUCTION FIRMS

- Construction reference sheet (attached; references must be for jobs completed during the past three years)
<http://www.panynj.gov/business-opportunities/sd-become-certified.html>

5. REQUIRED FOR ARCHITECTURAL & ENGINEERING FIRMS

- Architectural & Engineering Specialty Form (attached – check applicable specialties)
<http://www.panynj.gov/business-opportunities/sd-become-certified.html>

MARKETING DATA FORM

The information presented on this form will be used to help market the goods/services that your company provides. If the Port Authority certifies your firm, we will add this information to our on-line directory of minority and woman-owned businesses. Other certifying agencies, Port Authority tenants and prime contractors utilize the directory and may contact you for possible contract opportunities.

1. **Business Name:** _____

2. **Business Phone:** _____

3. **Business Email:** _____

4. **Contact Person:** _____

5. **Contact Phone:** _____

6. **Contact Email:** _____

7. **As a marketing tool, in approximately 30 words or less, and in complete sentences, describe the services that your firm provides:**

8. a) **Preferred Contract Size Range:** Minimum = \$ _____

Maximum = \$ _____

b) **Annual Contract Capacity:** = \$ _____

9. **Union affiliation. Check one:**

_____ Non-Union

_____ Union Shop – Enter local(s): _____

10. **Number of Full-time Personnel:**

_____ Permanent Office Staff _____ Permanent Field Staff

11. **Current Bonding Limits, if applicable**

a) Surety Company Name: _____

b) Single Bonding Limit: \$ _____

c) Aggregate Bonding Limit: \$ _____

12. a) **What percentage of last year's gross sales was earned performing prime work versus subcontracting work?**

_____ % Prime Contracts _____ % Sub Contracts

b) **List approximate Gross Sales for last year in each major service/category provided (Minimum – 1, Maximum – 3):**

Service/Category 1: _____ \$ _____

Service/Category 2: _____ \$ _____

Service/Category 3: _____ \$ _____

ARCHITECTURAL & ENGINEERING SPECIALTY FORM

Please mark (✓) next to the service(s) that your firm provides

COMPANY NAME: _____

DATE: _____

CONTACT PERSON: _____

CONTACT E-MAIL _____

CONTACT PHONE _____

	SPECIALTY (CODES)		SPECIALTY (CODES)
	ARCHITECTURAL (ARCH)		INTERIOR DESIGNERS (INTDES)
	CAD/CAM (CAD/CAM)		LANDSCAPING (LNDSCPG)
	CHEMICAL (CHEM)		MATERIAL INSPECTION & TESTING (MATLINSP)
	CIVIL (CIVIL)		MECHANICAL (MECH)
	CLAIMS ANALYSIS (CLANAL)		PHOTOGRAMMETRY-AERIAL MAPPING (PHOTO)
	CONSTRUCTION INSPECTION (CONSINSP)		PLANNERS (PLNR)
	CONSTRUCTION MGMT (CONSMGMT)		PLUMBING (PLMBING)
	DRAFTSMEN (DRFMN)		PROJECT MANAGEMENT (PROJ_MGT)
	ELECTRICAL (ELEC)		SANITATION (SANT)
	ELECTRONICS (ELENICS)		SCHEDULING (SCH)
	ENERGY STUDIES (EN STUD)		STRUCTURAL (STR)
	ENGINEERING (ENGR)		SURVEYING (SVY)
	ENVIRONMENTAL (ENVIRON)		TELECOMMUNICATIONS (TELCOMC)
	ESTIMATING (ESTG)		TRAFFIC CONTROL (TRAFCONT)
	GEOLOGIST (GEOL)		TRANSPORTATION PLANNING (TRANSPLG)
	HYDROLOGISTS (HYDRL)		VALUE (VALUE)

CONSTRUCTION REFERENCE SHEET

INSTRUCTIONS: Please fill in all requested information. VERIFICATION AND EVALUATION OF CONSTRUCTION CONTRACTOR'S REFERENCES WILL BE PERFORMED BY THE PORT AUTHORITY'S ENGINEERING DEPARTMENT. Four different company references are required for each specialty code (see att. #). A separate contractor reference sheet is required for each specialty code. Note: THE SAME REFERENCES ARE PERMITTED FOR DIFFERENT SPECIALTIES.

Please feel free to make as many copies of this form as needed to submit your references.

Contractor: _____ Specialty Code: _____

Address: _____

Contact: _____ Telephone No.: _____

REFERENCE NO. 1

Name of Company: _____

Address: _____

Contact: _____ Telephone No.: _____

Scope of work performed: _____

Date Work Completed: _____ Amount of Contract: \$ _____

REFERENCE NO. 2

Name of Company: _____

Address: _____

Contact: _____ Telephone No.: _____

Scope of work performed: _____

Date Work Completed: _____ Amount of Contract: \$ _____

REFERENCE NO. 3

Name of Company: _____

Address: _____

Contact: _____ Telephone No.: _____

Scope of work performed: _____

Date Work Completed: _____ Amount of Contract: \$ _____

REFERENCE NO. 4

Name of Company: _____

Address: _____

Contact: _____ Telephone No.: _____

Scope of work performed: _____

Date Work Completed: _____ Amount of Contract: \$ _____

**ALL CATEGORIES
M/WBE & SBE LISTINGS***

Air Duct Cleaning	15.000	Misc. Metals	05.001
Alarms	16.001	Modular Building	02.314
Asbestos Removal	02.450	Pavement Striping	02.153
Asphalt Cleaning	02.153	Pavers	02.153
Asphalt Paving	02.153	Paving & Utilities	02.150
Borings	02.250	Pile Driving	02.251
Caulking	02.300	Pipe & Catch Basin Cleaning	02.154
Ceilings	02.300	Pipe Insulation	15.050
Concrete	03.000	Power Cleaning	03.003
Corrosion Control	03.003	Railroad Construction	02.400
Curtain Wall	02.300	Rigging	02.252
Demolition	02.000	Roofing	07.000
Electrical	16.000	Sandblasting	03.003
Electronics	16.001	Sawcutting	02.200
Elevator Installation	16.000	Scaffolding	02.252
Fencing & Guardrails	02.050	Sealcoating	02.153
Fiber Optics	16.001	Security-Detention Cells	02.300
Fireproofing	02.304	Sheet Metal	15.000
Floor Covering	02.300	Sign Erection	02.312
Flooring	02.300	Site Work	02.151
G.C.-Bldg.	02.300	Solid Waste Disposal	02.600
G.C.-Heavy	02.250	Steel Erection	05.000
Glazing	02.310	Steel Fabrication	05.003
Hazardous Material Disposal	02.600	Stonework	02.308
Hazardous Material Removal	02.600	Storefronts	02.307
Highway Safety Equipment	02.200	Structural Steel/Bridge Painting	02.300
HVAC Controls	15.000	Surveying	02.100
Inspection & Testing	-----	Tile & Terrazzo	02.308
Insulation	02.300	Toll Booths	02.313
Interior Renovations	02.300	Traffic Signs	02.312
Janitorial Services	-----	Trucking	02.151
Landscaping	02.100	Underground Storage Tanks	02.500
Loading Bridges	-----	Underwater Inspection	02.351
Locksmith	02.300	Waste Clean-Up	02.600
Marine Construction	02.350	Waterproofing	02.309
Masonry	02.305	Welding	05.000
Mechanical	15.000/15.050	Well Drilling	02.251
Milling	02.152		

(*Inclusive Corresponding Category
Numbers from Contracts Division)