



**SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT**  
**Office of Civil Rights**  
**300 Lakeside Drive, 18th Floor**  
**Oakland, California 94612**

**FORM A – APPLICATION FOR CERTIFICATION AS A MINORITY OR WOMAN OWNED BUSINESS ENTERPRISE (M/WBE) FOR NON-DISCRIMINATION IN SUBCONTRACTING PROGRAM**

**INSTRUCTIONS:** Do not complete this form if you are currently certified by the S.F. Bay Area Rapid Transit District (District) as a DBE firm. All District certified DBE firm are automatically qualified to be M/WBE firms for this Program. Manufacturers, suppliers, brokers and manufacturer’s representatives are not eligible for certification under this Program as it applies to construction and professional service agreements. If you are currently certified by the City of Oakland, Port of Oakland, City of Richmond or the San Francisco Human Rights Commission as an M/WBE firm, please attach a copy of your current certification letter and complete items 1 to 8 only. Otherwise, please complete the entire form. “Manufacturers, suppliers, brokers and manufacturer’s representatives are not eligible for certification under this Program”.

- 1. Name of Firm \_\_\_\_\_
- 2. Contact Person \_\_\_\_\_
- 3. Business Address \_\_\_\_\_

(Post Office Box Unacceptable)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- 4. Federal Tax Identification or Social Security Number \_\_\_\_\_

5. Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

6. Ownership Information

A. Ethnicity and gender of majority owner\* : \_\_\_\_\_

B. List owners who have a 25% or more interest:

<u>Name</u>	<u>Ethnicity *</u>	<u>Gender</u>	<u>Date of Ownership</u>	<u>Shares</u>	<u>Vote %</u>	<u>U.S. Citizen/ Legal Resident (Yes/No)</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Check here \_\_\_ if more owners and continue on item 13. Attach resumes for owners who have a 25% or more interest.

C. Board of Directors:

<u>Name</u>	<u>Title</u>	<u>Ethnicity *</u>	<u>Gender</u>	<u>Term</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Check here \_\_\_ if more Board Members and continue on item 13.

For ethnicity, use codes: AI (Asian Indian); AP (Asian Pacific); B (Black); C (Caucasian); H (Hispanic);NA (Native American);W (Woman); O (Other).

D. Type of Ownership:

Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Joint Venture \_\_\_\_\_  
 Other Business Entity \_\_\_\_\_ State of Incorporation \_\_\_\_\_

E. Years in business: \_\_\_\_\_

F. Expertise Codes (please refer to the attached Expertise Codes List and apply only six (6) codes):

Code 1: \_\_\_\_\_ Code 4: \_\_\_\_\_  
 Code 2: \_\_\_\_\_ Code 5: \_\_\_\_\_

Code 3: \_\_\_\_\_ Code 6: \_\_\_\_\_

7. Indicate the nature of the firm's business with a check:

Construction \_\_\_\_\_ Professional/Other Service \_\_\_\_\_  
Other (Specify type of firm) \_\_\_\_\_

8. Is firm authorized to do business in the State of California? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please attach copies of the firm's local business tax registration, business license, and permit to operate business and licenses such as a contractor's license, architectural license or engineer's license.**

9. For all owners listed on Item 6B list the contributions of money, equipment, real estate, or expertise of each of the owners on Item 13.

10. Management: The following duties are actually performed by the persons indicated below:

	Name	Reports To
Preparation and presentation of estimates and bids:	_____	_____
Hiring and firing management personnel:	_____	_____
Purchasing or major equipment, materials and supplies:	_____	_____
Financial Control:	_____	_____
Negotiations and approval of contracts:	_____	_____
Administration of company contracts:	_____	_____
Supervision of field operations:	_____	_____
Marketing and sales activities:	_____	_____

11. For each of those listed above, attach a brief summary of the person's experience and number of years with firm, indicating the person's qualifications for the responsibilities given him or her.

12. Identify any owner or management official of the named firm who is or has been an employee of another firm that has an ownership interest nor a present business relationship with the named firm. Present business relationships include shared space, equipment, financing or employees, as well as both firms having the same owners, describe in Item 13.

13. Additional information (attach additional pages, as necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned does hereby certify that the foregoing statements and attachments are true, accurate and complete and that all material information necessary to identify and determine the ownership and operation of the applicant firm has been included. The undersigned understands that if this application is accepted by the Office of Civil Rights, the firm will not be listed in the Regional Transit Coordinating Council's (RTCC) database and the firm will be eligible to receive credit as an M/WBE firm on non-federally funded contracts.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name