OHIO TURNPIKE AND

Small, Minority or Disadvantaged Business Enterprise

BIANNUAL RENEWAL APPLICATION

(Download for Fillable Form)



FOR BUSINESSES CURRENTLY CERTIFIED WITH THEOHIOTURNPIKEANDINFRASTRUCTURECOMMISSION SEEKING CERTIFICATION RENEWAL

OHIO TURNPIKE AND INFRASTRUCTURE COMMISSION

MBE/DBE/SBE CERTIFICATION RENEWAL FORM

1.	. Company Name ("Applicant")								
2.	Address								
3.	City	State	_ Zip Code						
4.	Telephone	_Fax							
5.	E-Mail								
6.	Owner's Name(s)								
7.	Contact Person								
8.	Certified as (check all that apply):M	BEDBE _	SBE on d	ate					
9.	 Other entities granting Certification (attach current certifications) 								
10.Minority/Disadvantaged Ownership (if applicable)%									
11. Has the ownership, management, or control of the Applicant changed in any way in the past two years? □ Yes □ No									
	If Yes, indicate modifications for any new company owner, any new officer or member of the board of directors, or any new employee with significant responsibilities or authorities using Schedule I.								
12. Has the Applicant or any of its owners, board members, officers, or management been denied certification, denied re-certification, or been decertified in the past two years? Yes No									
	If Yes, disclose certifying entity								
13. Has the company or individuals within the company acquired new (or lost) licenses and/or permits in the past two years? □ Yes □ No									
	If Yes, detail those that have been acquired or lost								
14. Have the Applicant's areas of work performed changed in the past year? \Box Yes \Box No									
If Yes, list those areas that are new or are no longer applicable									
15. Indicate your company's gross receipts for the past two (2) tax years:									
	-								
	Year Ending Amour	ıt							
16. Number of Employees									
17.Brief Description of Primary Product(s)/Service(s):									

Document Checklist: Submit all applicable documents along with the signed affidavit and completed Renewal Form

All Applicants

- □ Affidavit for Certification Renewal
- □ Annual Financial Business Statement for the most recent year.
- □ Two years of signed personal federal income tax returns for all owners including all referenced schedules and forms
- Current resume of owner(s) and key personnel added in the past two years (include all owners and personnel with decision-making authority of any kind in the management or control of the applicant identified in Schedule I).

Sole Proprietorship

□ Form 1040 and all schedules for the past two years (copies of all schedules and forms referenced by the tax returns must be included).

Partnership (all types)

- Partnership tax return for the past two years (copies of all schedules and forms referenced by the tax returns must be included).
- □ IRS Schedule K-1s for the past two years.
- □ Copies of all meeting minutes from the past two years.
- □ A mendments to any agreements or bylaws over the past two years.

Corporation (S and C Corps.) or Limited Liability Company (LLC)

- □ Corporate Return for the past year (copies of all schedules and forms referenced by the tax returns must be included).
- □ IRS Schedule K-1s for the past two years.
- □ Copies of all meeting minutes from the past two years.
- □ Amendments to any agreements or bylaws over the past two years.

STATE OF)	
) ss	AFFIDAVIT for Certification Renewal
COUNTY OF)	

Based on the affiants own personal knowledge, the undersigned swears and affirms to have the authority to sign this affidavit and that the affidavit responses, that the foregoing statements in its Application for Certification Renewal Form and its accompanying documents for are true, complete, and correct and include all materials requested and/or necessary to identify and explain the current ownership and operation of:

(Name of Business)

The undersigned swears that all statements contained in the initial application remain true with the exception of those items written and attached hereto

- () changes attached
- () no changes attached

Further, the undersigned agrees to provide to the Ohio Turnpike and Infrastructure Commission complete and accurate information regarding changes, if any, in the foregoing arrangements and to permit the audit and examination of books, records and files of the named firm. Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under Federal and State laws concerning false statements and the detrimental reliance induced through these representations.

Signed

Printed Affiant Name

Title

On this ______ day of ______, 20_____, before me appeared the Affiant, to me personally known, who, being duly sworn did execute the foregoing affidavit as his or her free act and deed.

(Notary Public)

(Commission expires)

SCHEDULE I: Change or addition to the Ownership, Management, or Control (If necessary, copy this page and enter information for additional individuals)

1. Name (first, middle, last):	[Company Owner	Company Representative			
2. Title: Da	ate Title Assigned:					
3. Responsibilities and Authorities (check all that apply)						
 Financial decisions (responsible for acc lines of credit, surety bonding, supplies 	-	Hiring/firing o personnel	f management			
Estimating and bidding	Negotiating and contract execution					
□ Field/production operations supervisor	Office management					
□ Marketing/sales		Purchasing of major equipment				
 Authorized to sign company checks (for purpose) 	 Authorized to make financial transactions 					
Other:						
2. Is this individual an officer of the compa □ Yes If Yes, date appointed: /		 Is this individual a member of the board of directors? □ Yes □ No 				
		If Yes, date appointed: / /				
4. List any businesses this individual owns	or works for that	have relationships	with this company:			
Business Name	Relationship		Function			
A						
В						
5. List any management or supervisory role			SSES:			
Business Name A	Title	Function				
· ··						
В						
6. Ethnic group membership (check all that	t apply):	7. Gender: Male Female				
□ White Caucasian □ African American □	•	8. Salary: \$				
 Native American Asian Pacific Subc Other (<i>specify</i>) 		9. Phone:()				
7. Any other material change in the owner	ship, managemer	t or control of the	Applicant:			