

OHIO TURNPIKE AND INFRASTRUCTURE COMMISSION

Small, Minority or Disadvantaged Business Enterprise

BIANNUAL RENEWAL APPLICATION

(Download for Fillable Form)



FOR BUSINESSES CURRENTLY CERTIFIED WITH THE
OHIO TURNPIKE AND INFRASTRUCTURE
COMMISSION SEEKING CERTIFICATION RENEWAL

682 Prospect Street, Berea, Ohio 44017

www.ohioturnpike.org

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): _____ MBE _____ DBE _____ SBE on _____ date
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? Yes 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If Yes, list those areas that are new or are no longer applicable _____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 _____ Amount _____
Year Ending _____ Amount _____
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.

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: _____ Date Title Assigned: _____

3. Responsibilities and Authorities (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Financial decisions (responsible for acquisition of lines of credit, surety bonding, supplies, etc.) | <input type="checkbox"/> Hiring/firing of management personnel |
| <input type="checkbox"/> Estimating and bidding | <input type="checkbox"/> Negotiating and contract execution |
| <input type="checkbox"/> Field/production operations supervisor | <input type="checkbox"/> Office management |
| <input type="checkbox"/> Marketing/sales | <input type="checkbox"/> Purchasing of major equipment |
| <input type="checkbox"/> Authorized to sign company checks (for any purpose) | <input type="checkbox"/> Authorized to make financial transactions |

Other: _____

2. Is this individual an officer of the company?
 Yes If Yes, date appointed: ___ / ___ / ___
 No

3. 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	Title	Function
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____

5. List any management or supervisory roles this individual has in other businesses:

	Business Name	Title	Function
A.	_____	_____	_____
B.	_____	_____	_____

6. Ethnic group membership (*check all that apply*):
 White Caucasian African American Hispanic
 Native American Asian Pacific Subcontinent Asian
 Other (*specify*) _____

7. Gender: Male Female
8. Salary: \$ _____
9. Phone: (____) _____ - _____

7. Any other material change in the ownership, management or control of the Applicant: _____

