

# OHIO TURNPIKE AND INFRASTRUCTURE COMMISSION

**Minority Business Enterprise  
Disadvantaged Business Enterprise  
Small Business Enterprise  
Standard Certification Application  
(Download for Access to Fillable Form)**



FOR BUSINESSES WITH NO CURRENT  
CERTIFICATION ISSUED BY THE OHIO TURNPIKE OR  
OTHER ENTITY APPLYING SIMILAR RECOGNIZED  
STANDARDS FOR MBE, DBE or SBE CERTIFICATION

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682 Prospect Street, Berea, Ohio 44017  
[www.ohioturnpike.org](http://www.ohioturnpike.org)

## UNIFORM MINORITY, DISADVANTAGED AND SMALL BUSINESS ENTERPRISE CERTIFICATION APPLICATION

1. Application for Certification as (check all that apply):

- Minority Business Enterprise
- Disadvantaged Business Enterprise
- Small Business Enterprise

2. Legal Name of Business ("Applicant") \_\_\_\_\_

3. Other names used for Applicant \_\_\_\_\_

4. Street Address of Applicant \_\_\_\_\_

5. City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

6. Telephone \_\_\_\_\_ Fax \_\_\_\_\_

7. Website (if any) \_\_\_\_\_

8. Applicant Profile

A. Date Applicant was founded: _____	B. Date ownership established: _____
<p>C. Method of Acquisition:</p> <p> <input type="checkbox"/> Started new                      <input type="checkbox"/> Inherited                      <input type="checkbox"/> Purchased existing business  <input type="checkbox"/> Merger or consolidation      <input type="checkbox"/> Secured succession      <input type="checkbox"/> Other _____         </p>	
<p>D. Legal Structure</p> <p> <input type="checkbox"/> Sole Proprietorship              <input type="checkbox"/> S-Corporation              <input type="checkbox"/> Joint Venture  <input type="checkbox"/> Partnership                      <input type="checkbox"/> C-Corporation              <input type="checkbox"/> Other _____  <input type="checkbox"/> Limited Liability Partnership    <input type="checkbox"/> Limited Liability Company         </p>	
<p>E. Has the Applicant ever existed under a different ownership, structure or name?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    If yes, explain: _____</p>	
<p>F. Does the Applicant rely on any other entity for management functions or employee payroll?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    If yes, explain: _____</p>	
<p>G. Primary services performed or goods furnished (describe as much as possible or use NAICS codes):</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>H. Number of employees (if applying for DBE or SBE Certification): Full time _____ Part time _____</p>	
<p>I. Annual Gross Receipts for the last two fiscal years (if applying for DBE or SBE Certification)</p> <p>Year _____ Receipts \$ _____      Year _____ Receipts \$ _____</p>	

9. Ownership and Control. Make multiple copies and complete the following table and affidavit for **every individual with a 5% or more ownership interest in the Applicant, every individual that is an officer or board member and every employee with any significant responsibilities** listed in Part II (A).

Part I.

A. Name _____	B. Title: _____
C. <input type="checkbox"/> Owner <input type="checkbox"/> Manager      If an owner, ownership interest in Applicant is _____%	
D. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	E. Race or Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian Pacific
F. Personal Net Worth (if an owner and applying for DBE or SBE) \$ _____	<input type="checkbox"/> African American <input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other _____
G. Phone No. (_____) _____ - _____ ext. _____	I. Main Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No (provide a single company contact)
H. Email Address: _____	
J. If applying for DBE certification based on social disadvantage other than race, ethnicity or gender, describe impediment restricting professional acceptance, employment, or access to capital and credit _____ _____ _____	

Part II.

A. 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"/> Estimating and bidding contracts <input type="checkbox"/> Field/production operations supervisor <input type="checkbox"/> Marketing/sales <input type="checkbox"/> Authorized to sign company checks (for any purpose)	<input type="checkbox"/> Hiring/firing of management personnel <input type="checkbox"/> Negotiating and executing contracts <input type="checkbox"/> Office management <input type="checkbox"/> Purchasing of major equipment <input type="checkbox"/> Authorized to make financial transactions																				
B. Is this individual an officer of the business? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date appointed: _____	C. Is this individual a board member? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date appointed _____																				
D. List any businesses this individual owns or works for that have relationships with the Applicant:																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%; text-align: center;">Business Name</th> <th style="width: 20%; text-align: center;">Relationship</th> <th style="width: 15%; text-align: center;">Title</th> <th style="width: 15%; text-align: center;">Function</th> </tr> </thead> <tbody> <tr> <td>i.</td> <td colspan="4">_____</td> </tr> <tr> <td>ii.</td> <td colspan="4">_____</td> </tr> <tr> <td>iii.</td> <td colspan="4">_____</td> </tr> </tbody> </table>			Business Name	Relationship	Title	Function	i.	_____				ii.	_____				iii.	_____			
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iii.	_____																				
E. List any management or supervisory roles this individual has in other businesses:																					
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iii.	_____																				

Part III. Proof of Ethnicity, Disadvantage and Personal Net Worth.

**Every individual with a 5% or more ownership interest in the Applicant, every individual that is an officer or board member and every employee with any significant responsibilities listed in Part II (A) must complete and submit answers to Question 9 Parts I and II and a notarized affidavit in the following form:**

STATE OF \_\_\_\_\_ )  
 )  
 ) **Affidavit Owner or Manager of**  
**MBE/DBE/SBE Certification Applicant**  
 COUNTY OF \_\_\_\_\_ )

The undersigned Affiant swears and affirms to have read the foregoing responses regarding my ownership and/or control over the Applicant seeking certification with the Ohio Turnpike and Infrastructure’s Equity and Inclusion Program. All the information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

In support of my application, I certify that I am a member of one or more of the following groups, and that I have held myself out as a member of the group(s): (Check all that apply):

Female  Male

and

Caucasian  Hispanic  Asian Pacific  African American  Subcontinent Asian

Native American  Other \_\_\_\_\_

If I completed a response to Question 9 (J.), I certify that I am socially disadvantaged because I have been subjected to discriminatory practices or cultural bias, or suffered from personal experiences of substantial and chronic disadvantage not common to other individuals, and difficulty in the business world because of disadvantages such as limited access to education, unequal treatment in employment of promotional opportunities, limited access to credit or capital under commercially favorable circumstances or exclusion from business or professional organizations.

\_\_\_\_\_  
 (Signed) (Title)

Before me appeared \_\_\_\_\_ on this  
 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, who,  
 being duly sworn, did execute the foregoing affidavit as his or her free act and deed.

\_\_\_\_\_  
 (Notary Public)

\_\_\_\_\_  
 (Commission expires)

## 10. Affiliations

A. Does any of the Applicant's business locations co-located with any other businesses or share a telephone number, P.O. Box, office space, yard, warehouse, facilities equipment or staff with any other business, organization or entity?  Yes  No

i. If Yes, identify the other entity's name \_\_\_\_\_ and Tax ID \_\_\_\_\_  
and explain the nature of the shared facilities and relationship with the Applicant: \_\_\_\_\_

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

B. Currently, or at any time in the past, has the Applicant:

- i. ever been a subsidiary of any other company?  Yes  No
- ii. ever consisted of a partnership in which a partner was another company?  Yes  No
- iii. ever had another company as an owner with five or more percent interest?  Yes  No
- iv. ever owned another company as a subsidiary?  Yes  No
- v. ever owned five percent or more of any other company?  Yes  No

C. If the Applicant answered "Yes" to any of the questions in B., identify the following for each affirmative answer.

	Company Name	Type of Business	Nature of Relationship	Address
i.	_____	_____	_____	_____
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____

### Required Document Submittal Checklist

11. Provide the following with a completed application and signed affidavits:

#### A. All Applicants.

- Affidavits of Owners and Managers of MBE/DBE/SBE Certification Applicant and proof of ethnicity for each individual identified in Question No. 9 (i.e., birth certificate, passport, tribal enrollment documents, etc.)
- Applicant's licenses, registrations and permits authorizing its primary services or goods
- Two years of signed personal federal income tax returns for all owners including all referenced schedules and forms
- Current resumes for all owners and managers including a brief summary of experience, number of years with the firm, and qualifications for the responsibilities given him/her.
- Affidavit for MBE, DBE and/or SBE Certification

#### B. Sole Proprietorship

- IRS Form 1040 including all referenced schedules and forms

#### C. Partnerships (all types)

- Registration with the Ohio Secretary of State

- Copies of meeting minutes from the past two years
  - Partnership agreement
  - IRS Schedule K-1s for the past two fiscal years
  - Audited financial statement
- or
- Partnership tax return including copies of all referenced schedules and forms

#### D. Corporations (S&C)

- Registration with the Ohio Secretary of State
  - Articles of Incorporation
  - By-laws or code of regulations
  - Copies of meeting minutes from the past three years
  - Stock certificates
  - Stock transfer ledger
  - Copies of any stock options or ownership options that are outstanding
  - IRS Schedule K-1s for the past two fiscal years
  - Audited financial statement
- or
- Corporate tax return including copies of all referenced schedules and forms

Completed application along with required documentation and notarized Affidavit below can be emailed to [diana.anthony@ohioturnpike.org](mailto:diana.anthony@ohioturnpike.org) with the original affidavits (or entire application) mailed to:

Ohio Turnpike and Infrastructure Commission  
Attn: Office of Equity and Inclusion  
682 Prospect Street  
Berea, OH 44017-2799

STATE OF \_\_\_\_\_ )

)

**AFFIDAVIT for MBE, DBE and/or SBE Certification**

)

COUNTY OF \_\_\_\_\_ )

**for Applicant:** \_\_\_\_\_

The undersigned Affiant swears or affirms, under penalty of law, to have the authority to submit this application for certification in the Ohio Turnpike and Infrastructure Commission's Diversity and Inclusion Program as a Minority, Disadvantaged and/or Small Business Enterprise on behalf of the Applicant. The Affiant further attests to have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of the Affiant's knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof. I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency.

The undersigned understand that the Commission may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize the Commission to contact any entity associated with the Applicant, and the Applicant's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility and consent to those entities providing any information regarding the eligibility of the Applicant receive certification in the Program.

The affiant further agrees to submit to Commission audit, examination and review of books, records, documents and files, in whatever form they exist, of the Applicant and its affiliates, inspection of its places(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification. If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and Commission on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments received; and (3) proposed changes, if any, to the engagement.

I agree to provide written notice to Commission of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership changes, address/telephone number, line of business, etc...).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statements, fraud or other applicable offenses and for the detrimental reliance induced through the representations.

Applicant: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Before me appeared \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, who, being duly sworn, did execute the foregoing affidavit as his or her free act and deed.

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(Commission expires)