

OHIO TURNPIKE AND  
INFRASTRUCTURE COMMISSION

**Minority and Female Business Enterprise  
Certification Information**





## Ohio Turnpike and Infrastructure Commission

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**Tommie Jo Marsilio**

*Director, Contracts Administration and Compliance*

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*Ohio Senate Member*

**Michael D. Dovilla**  
*Ohio House Member*

**Robin J. Carlin**  
*Interim Executive Director*

Dear Minority and Female Business Owners,

We are so pleased that you are interested in doing business with the Ohio Turnpike and Infrastructure Commission. Our goal is to provide a fair opportunity to all Ohio businesses, especially those Minority and Female owned. As we pursue our goal of a more diverse supplier chain, we want to provide any information which may be helpful. The attached documents are those required for Minority and Female Business Enterprise Certification. Please note there are three different applications. Please select the appropriate application to complete based upon any prior certifications given to your business. Please only submit one application.

In addition to this information, please see the Commission's Supplier Guide. Returning the relevant portions in this guide will allow our staff to include your business in our database and notify you of future bidding opportunities.

Finally, procurement opportunities are posted on our website at [www.ohioturnpike.org](http://www.ohioturnpike.org). Please check it often for updates and various bid invitations. If I can ever be of assistance, please contact me.

Very truly yours,

Tommie Jo Marsilio

## **MINORITY AND FEMALE BUSINESS ENTERPRISE DEFINITIONS**

It is the policy of the Ohio Turnpike and Infrastructure Commission (“OTIC”) to attempt to ensure the fullest possible opportunity for participation of all firms, including firms owned and controlled by minorities and females in the Commission’s procurement process.

Through the MBE/FBE program, OTIC is furthering its effort to aid economic development in the State of Ohio and give minority and female companies a fair opportunity to participate and succeed.

“Minority Business Enterprise” shall mean a business which is owned and controlled by one or more minority owner(s) for at least one year prior to applying. For the purpose of this definition: (1) “Minority Owner” means an individual who is African American, Hispanic, Asian American, American Indian, or Alaskan Native; (2) “Owned and Controlled” means a business which is at least 51 percent owned by and whose management and daily business operations are controlled by one or more such individuals.

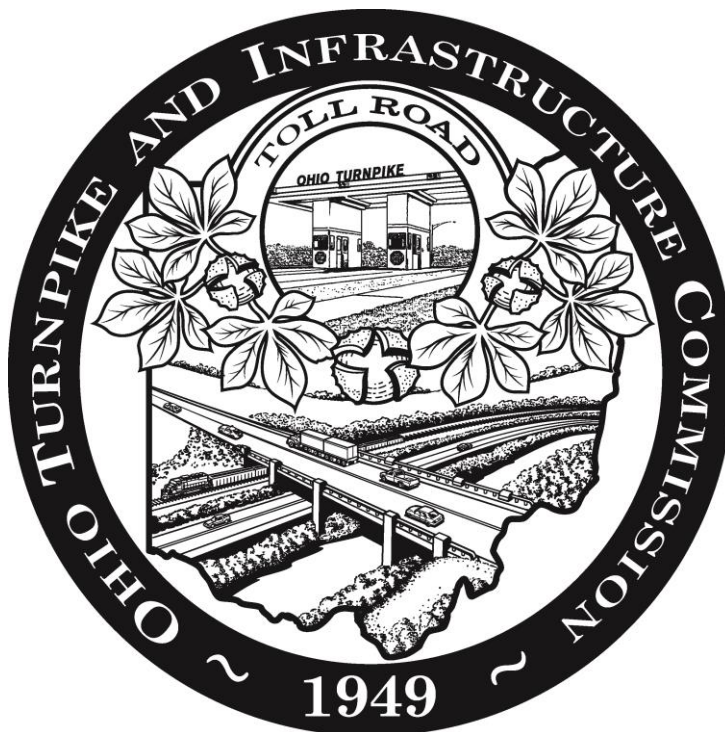
“Female Business Enterprise” shall mean a business which is 51% owned and controlled by one or more females for at least one year prior to applying. For the purpose of this definition, “owned and controlled” means a business which is at least 51% owned and whose management and daily business operations are controlled by one or more females.

To become certified, the appropriate application must be completed in its entirety and submitted along with all required background documentation to the Ohio Turnpike and Infrastructure Commission’s Minority Business Enterprise Office.

All certifications are subject to continued review by OTIC.

# OHIO TURNPIKE AND INFRASTRUCTURE COMMISSION

## **Minority and Female Business Enterprise Certification Application**



FOR BUSINESSES WITH NO CURRENT  
TURNPIKE OR OHIO DAS CERTIFICATION

**MBE/FBE APPLICATION CHECKLIST (REQUIRED)**

COMPANY NAME \_\_\_\_\_

I. **Attach copies of all documentation that pertains to your business.** If an item is not applicable to your business, mark "N/A" on the blank line provided. Check (✓) on the blank line if documentation is provided (**all items must be checked or marked N/A**).

Prior two year's tax information filed

\_\_\_\_\_ Sole Proprietorship (copy of Form 1040 with Schedule C attached)

\_\_\_\_\_ Partnership (copy of Form 1040 with Schedule E and Form 1065 attached)

\_\_\_\_\_ Joint Venture (include applicable Federal Tax Schedules)

\_\_\_\_\_ Corporation (IRS Corporate return)

\_\_\_\_\_ Birth Certificate or Driver's License of principal owner(s)

\_\_\_\_\_ Articles of Incorporation

\_\_\_\_\_ Verification of Business Structure (License to do business, assumed name certificate, Secretary of State registration, etc.)

\_\_\_\_\_ Copy of Minutes of First Corporation Meeting

\_\_\_\_\_ Copy of Share Ledger information showing stock ownership, transfers, cancellations

\_\_\_\_\_ Equipment List including owned and/or leased

\_\_\_\_\_ Employee List (#:\_\_\_\_\_)

\_\_\_\_\_ Resume of person(s) who have control of day-to-day operations

\_\_\_\_\_ Trade References

\_\_\_\_\_ Page 4 must be notarized

II. List 5 major customers

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

III. List geographical area covered by your company.

\_\_\_\_\_

**The application must be fully completed and no application will be accepted unless it is printed or typewritten, notarized, and bears the signature of the owner(s).**

**If approved, certification by the Ohio Turnpike and Infrastructure Commission will remain intact until notified otherwise. The Commission performs periodic reviews to determine if there has been a substantial change that may affect the minority and/or female ownership.**

**MINORITY AND FEMALE BUSINESS ENTERPRISE  
QUESTIONNAIRE (REQUIRED)**

1. I am applying for certification as a:

Minority Business Enterprise \_\_\_\_\_ (circle one) African American, Hispanic,  
Asian American, American Indian, Alaskan  
Native

Female Business Enterprise \_\_\_\_\_

2. Name of Firm \_\_\_\_\_

3. Address of Firm \_\_\_\_\_

4. City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5. Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

6. Ownership of Firm – Indicate one of the following:  
(Must have ownership of company for one (1) year prior to applying for certification)

A. Sole Proprietorship \_\_\_\_\_ Date Established \_\_\_\_\_

B. Partnership \_\_\_\_\_ Date of Agreement \_\_\_\_\_

C. Corporation \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

D. Other Business Entity (please specify) \_\_\_\_\_

7. Provide two years of the most recent tax information filed.

8. Nature of firm's business \_\_\_\_\_

\_\_\_\_\_

9. Years firm has been in business \_\_\_\_\_

10. Identify those persons who have 5% or more of the firm's ownership. Column D & E should be completed only if ownership is less than 100% minority or female:

A. Name	B. Ethnic Status	C. Years Owned	D. Owner %	E. Voting %
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

11. Submit copy of birth certificate or driver's license for each owner.
12. Firms which are less than 100% minority or female owned must list the contributor of money, equipment, real estate, or expertise of each of the owners.
13. Provide true copies of the Articles of Incorporation and necessary licenses to do business.
14. Provide a true copy of the Minutes of the first Corporation Meeting.
15. Provide true copies of the Share Ledger information, showing stock ownership, stock transfers, and stock cancellations.
16. Provide an updated equipment list including office, vehicles, tools, etc. which are owned and/or leased by the company.
17. Provide an updated employee list.
18. Control of Firm: Identify by name, race, and title the individual in the firm who is responsible for day-to-day management and policy making, including, but not limited to, the person with the primary responsibility:
  - A. Financial decisions \_\_\_\_\_
  - B. Management decisions, such as:
    - (1) Estimating \_\_\_\_\_
    - (2) Marketing and Sales \_\_\_\_\_
    - (3) Hiring and firing of management personnel \_\_\_\_\_
  - C. Supervision of field operations \_\_\_\_\_

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19. For the person(s) listed in Item 18, provide a resume including a brief summary of experience, number of years with the firm, and qualifications for the responsibilities given him/her.
20. Describe or attach a copy of any stock options or other ownership options that are outstanding and any agreement between owners or between owners and third parties which restrict ownership or control of minority owners.
21. Identify any owner (see item 10) or management official (see item 18) of the applicant firm who is or has been an employee of another firm that has an ownership interest in or a present business relationship with the applicant firm. Present business relationships include shared space, equipment, financing, or employees, as well as, both firms having some of the same owners.

22. Name of bonding company, if any \_\_\_\_\_

23. Sources of Letters of Credit, if any \_\_\_\_\_

24. Provide a list of trade references below:

A. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone: \_\_\_\_\_

B. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone: \_\_\_\_\_

C. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone: \_\_\_\_\_

D. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone: \_\_\_\_\_

E. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone: \_\_\_\_\_

F. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone: \_\_\_\_\_

25. Indicate if this firm or other firms with any of the same officers have previously received or been denied certification or participation as a Minority or Female Business Enterprise and describe the circumstances. Indicate the name of the certifying authority and the date of such certification or denial.

**NOTE:** If, after filing this Information for Determining Minority and Female Business Enterprise Eligibility, there is any significant change in the information submitted, the Ohio Turnpike and Infrastructure Commission must be informed of the change(s).

Completed application along with required background documentation and notarized Affidavit below can be emailed to [therese.gallagher@ohioturnpike.org](mailto:therese.gallagher@ohioturnpike.org) or mailed to:

Ohio Turnpike and Infrastructure Commission  
Minority & Female Business Enterprise  
682 Prospect Street  
Berea, OH 44017-2799



STATE OF )  
 )  
COUNTY OF )

**AFFIDAVIT**

The undersigned swears that the foregoing statements are true and correct and include all material information to identify and explain the operations of \_\_\_\_\_, as well as, the ownership thereof.  
(Name of Business)

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.

DATE \_\_\_\_\_  
\_\_\_\_\_  
(Name) (Title)  
(Corporate Seal - where appropriate)

STATE OF )  
 )  
COUNTY OF ) SS

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared \_\_\_\_\_, to me personally known, who, (Name) being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized by \_\_\_\_\_ to (Name of firm) execute the affidavit and did so as his or her free act and deed.

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

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

# OHIO TURNPIKE AND INFRASTRUCTURE COMMISSION

## **Minority and Female Business Enterprise Certification Renewal Application**



FOR BUSINESSES WITH CURRENT  
TURNPIKE CERTIFICATION

**OHIO TURNPIKE AND INFRASTRUCTURE COMMISSION (OTIC)  
MINORITY AND FEMALE BUSINESS ENTERPRISE  
CERTIFICATION RENEWAL**

- Minority and Female Business Enterprise Certification Renewal is subject to continued review.
- Certifications are renewed every two years.
- No certification renewal form will be accepted unless it is printed clearly or typewritten, notarized and bears the signature of the owner(s).
- In order to ensure your renewal and continued listing, please complete the attached form and Affidavit and return it to the Ohio Turnpike and Infrastructure Commission, Attn: Contracts Administration & Compliance Department.
- If there has been a change in ownership or control of the company, and/or any other pertinent information that changes the information originally supplied to OTIC to determine eligibility, the business must complete a new certification application packet. Certification applications can be received from the Ohio Turnpike and Infrastructure Commission, 682 Prospect Street, Berea, OH 44017, 440-234-2081 or at [www.ohioturnpike.org](http://www.ohioturnpike.org).

**OHIO TURNPIKE AND INFRASTRUCTURE COMMISSION**  
**MBE/FBE CERTIFICATION RENEWAL FORM**

1. Company Name \_\_\_\_\_

2. Address \_\_\_\_\_

3. City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Telephone \_\_\_\_\_ Fax \_\_\_\_\_

5. E-Mail \_\_\_\_\_

6. Owner's Names(s) \_\_\_\_\_

7. Contact Person \_\_\_\_\_

8. Certified as \_\_\_\_\_ Minority Business Enterprise; \_\_\_\_\_ Female Business Enterprise

9. Minority/Female Ownership % \_\_\_\_\_ (circle applicable designation(s))

10. Number of Employees \_\_\_\_\_

11. Geographical Area Covered \_\_\_\_\_

12. Indicate your company's gross receipts for the past two (2) tax years and also provide a copy of **one year's** currently filed tax information:

Year Ending \_\_\_\_\_ Amount \_\_\_\_\_

Year Ending \_\_\_\_\_ Amount \_\_\_\_\_

13. If any stock transfers and/or changes of stock ownership - must submit a notarized ledger.

14. Brief Description of Product/Service: \_\_\_\_\_

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

15. List five (5) major customers

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

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

**AFFIDAVIT**

The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of \_\_\_\_\_ as well as the ownership thereof.  
(Name of Business)

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.

DATE \_\_\_\_\_ (Name) \_\_\_\_\_ (Title)

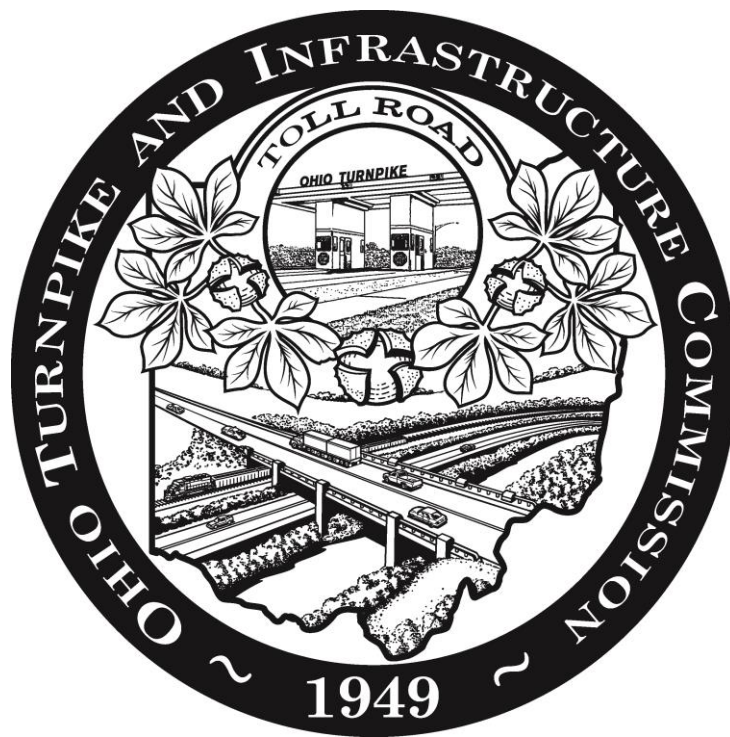
STATE \_\_\_\_\_ )  
 ) SS  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared \_\_\_\_\_, to me personally known, who, being duly sworn did  
(Name)  
execute the foregoing affidavit, and did state that he or she was properly authorized by \_\_\_\_\_ to execute the affidavit and did so as his or  
(Name of Firm)  
her free act and deed.

\_\_\_\_\_  
(Notary Public)  
\_\_\_\_\_  
(Commission expires)

# OHIO TURNPIKE AND INFRASTRUCTURE COMMISSION

## Minority Business Enterprise Fast Track Application



FOR BUSINESSES WITH CURRENT  
OHIO DEPARTMENT OF ADMINISTRATIVE SERVICES  
MBE CERTIFICATION

**OHIO TURNPIKE AND INFRASTRUCTURE COMMISSION (OTIC)  
MINORITY BUSINESS ENTERPRISE CERTIFICATION  
FAST TRACK FOR DAS CERTIFIED BUSINESSES**

- Minority Business Enterprise Certification is subject to the continued review by OTIC.
- Certifications are renewed every two years
- No certification form will be accepted unless it is printed clearly or typewritten, notarized and bears the signature of the owner(s)
- In order to ensure your certification and continued listing, please complete the attached form and Affidavit and return it to the Ohio Turnpike and Infrastructure Commission, Attn: Contracts Administration & Compliance Department.
- If there has been a change in ownership or control of your company, and/or any other pertinent information that affects eligibility criteria, you must complete a new certification application packet. Certification applications can be received from the Ohio Turnpike and Infrastructure Commission, 682 Prospect Street, Berea, OH 44017, 440-234-2081 or at [www.ohioturnpike.org](http://www.ohioturnpike.org).

**OTIC MINORITY BUSINESS ENTERPRISE (MBE)**  
**FAST TRACK APPLICATION**  
**FOR OHIO DAS-CERTIFIED PARTICIPANTS**

1. Name of Business \_\_\_\_\_
  
2. Address of Business \_\_\_\_\_ (Street)  
\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)
  
3. Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_
  
4. Ownership of Firm for at least One Year – Indicate one of the following:
  - A. Sole Proprietorship \_\_\_\_\_ Date Established \_\_\_\_\_
  - B. Partnership \_\_\_\_\_ Date of Agreement \_\_\_\_\_
  - C. Corporation \_\_\_\_\_ Date of Incorporation \_\_\_\_\_
  - D. Other Business Entity (specify) \_\_\_\_\_
  
5. Nature of Business \_\_\_\_\_
  
6. The above business has been certified as a Minority Business Enterprise by the Ohio Department of Administrative Services (DAS).  
  
( ) Check if applicable and attach certification.
  
7. The above business has met all program requirements for DAS.  
  
( ) Check if applicable and attach certification.
  
8. No changes in the business have occurred which affect MBE eligibility since DAS certification. ( ) Yes or ( ) No



STATE OF )  
 )  
COUNTY OF )

**AFFIDAVIT**

The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of \_\_\_\_\_ as well as the ownership thereof.  
(Name of Business)

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.

DATE \_\_\_\_\_  
(Name) (Title)

STATE )  
 ) SS  
COUNTY OF )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me appeared \_\_\_\_\_, to me personally known, who, being duly sworn did (Name)  
execute the foregoing affidavit, and did state that he or she was properly authorized by \_\_\_\_\_ to execute the affidavit and did so as his or (Name of Business)  
her free act and deed.

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

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