WHICH CITY DEPARTMENT REFERRED YOU TO BE CERTIFIED?

- Public Works, Bureau of (Circle One)
  Engineering  Sanitation  Street Lighting  Street Service
- Dept. of Water & Power
- Port of L.A.
- LA World Airports
- General Services
- Other: ________________________________

ARE YOU CURRENTLY BIDDING OR PARTICIPATING ON A CITY CONTRACT?

- YES  - NO

IF YES, INDICATE THE FOLLOWING:

AGENCY OR DEPARTMENT: ________________________________

CONTRACT NAME: __________________________ DUE DATE: ________________

ARE YOU BIDDING AS  -SUB  - PRIME

AND PROVIDE THE FOLLOWING:

- COPY OF RFP/RFB PAGES SHOWING CONTRACT NAME, DUE DATE, & DEPARTMENT CONTACT INFORMATION
- LETTER FROM PRIME CONTRACTOR STATING THEIR INTENTION TO INCLUDE YOUR FIRM AS A SUBCONTRACTOR

FOR GENERAL INFORMATION ABOUT THE CITY'S CERTIFICATION PROGRAMS, A DIRECTORY OF CERTIFIED FIRMS, AND ANSWERS TO MANY FREQUENTLY ASKED QUESTIONS, PLEASE VISIT OUR WEBSITE AT

HTTP://BCA.LACITY.ORG

CERTIFICATION HELP LINE (213) 847-2684 OR EMAIL BCA.CERTIFICATIONS@LACITY.ORG

SUBMIT COMPLETED APPLICATION PACKAGE TO:

CITY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUREAU OF CONTRACT ADMINISTRATION
OFFICE OF CONTRACT COMPLIANCE – CENTRALIZED CERTIFICATION
1149 S. BROADWAY, SUITE 300
LOS ANGELES, CA 90015

REVISED 3/2022
Thank you for your interest in the City of Los Angeles Minority Business Enterprise (MBE) and Women Business Enterprise (WBE) Certification Program. Certification is available to all businesses that meet the eligibility requirements. There is no application fee for this service.

### MBE & WBE ELIGIBILITY REQUIREMENTS¹

<table>
<thead>
<tr>
<th>Minority Business Enterprise</th>
<th>Women Business Enterprise</th>
</tr>
</thead>
<tbody>
<tr>
<td>• For-profit and independent business</td>
<td>• For-profit and independent business</td>
</tr>
<tr>
<td>• Owners meet licensing requirements</td>
<td>• Owners meet licensing requirements</td>
</tr>
<tr>
<td>• Business is at least 51% owned and controlled by United States citizens or legal permanent residents who are members of the following groups: Black American, Hispanic American, Native American, Asian-Pacific American, Subcontinent Asian American</td>
<td>• Business is at least 51% owned and controlled by United States citizens or legal permanent residents who are women</td>
</tr>
</tbody>
</table>


### INSTRUCTIONS

1. Complete all pages of the attached Certification Application. Wherever appropriate, indicate that an item is not applicable by writing “N/A” in the box. Be sure to provide information regarding ALL owners when applicable.

2. Sign and notarize the attached Certification Affidavit.

3. Submit ALL required documentation (refer to Supporting Documents Checklist). Provide a written explanation for any document not submitted. The application review cannot be completed without the required documentation.

4. Submit all documents to:

   City of Los Angeles
   Department of Public Works
   Bureau of Contract Administration
   Office of Contract Compliance – Centralized Certification
   1149 S. Broadway, Suite 300
   Los Angeles, CA 90015

### WHAT TO EXPECT

After you submit your application to our office, you will receive written confirmation of receipt. The application review process can require additional documentation and/or a site visit to verify eligibility. The City will notify you in writing of all requests for additional information.

### Certification Tips:

- Firms currently certified by City-recognized agencies do not need to apply with the City of L.A. The City will honor the certifications from the following agencies:
  - DBE/ACDBE certification from any California Unified Certification Program (CUCP) member agency, as long as it meets the City’s MBE/WBE certification criteria.
  - SMBE/SWBE certification from the California Dept. of Transportation (CalTrans).
  - MBE certification from the Southern California Minority Supplier Development Council (SCMSDC) and the California Public Utilities Commission (CPUC) through The Supplier Clearinghouse
  - WBE certification from the Women Business Enterprise Council – West (WBEC-West) and the California Public Utilities Commission (CPUC) through The Supplier Clearinghouse
- Staff is available to provide information and assistance by phone or in person by calling (213) 847-2684.
## I. GENERAL INFORMATION

**Applying for Certification as:**
- [ ] MBE
- [ ] WBE
- [ ] MBE/WBE

**Is your firm for profit?**
- [ ] Yes
- [ ] No (If your firm is not for profit, you do not qualify for this program)

**Has your firm been certified by another certifying agency?**
- [ ] Yes
- [ ] No

If Yes, which agency & certification (e.g., MBE, WBE, SBE, DBE, etc.)

**Has firm ever been denied cert? If yes, which agency & date**

<table>
<thead>
<tr>
<th>BUSINESS NAME</th>
<th>DBA NAME</th>
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<table>
<thead>
<tr>
<th>COUNTY OF PRINCIPAL OFFICE LOCATION</th>
<th>RAMP (Formerly LABAVN) ID No. (If none, register at RAMPLA.ORG)</th>
</tr>
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<tbody>
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<thead>
<tr>
<th>STREET ADDRESS OF PRINCIPAL OFFICE LOCATION (No P.O. Box)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
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<tr>
<th>MAILING ADDRESS (IF DIFFERENT)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
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<thead>
<tr>
<th>CONTACT PERSON (MAJORITY OWNER)</th>
<th>E-MAIL ADDRESS</th>
<th>WEBPAGE ADDRESS</th>
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<thead>
<tr>
<th>PHONE NUMBER</th>
<th>OTHER PHONE NUMBER</th>
<th>FAX NUMBER</th>
<th>DATE FIRM WAS ESTABLISHED</th>
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**Addresses of other locations, facilities, storage spaces, etc. (Attach additional pages if necessary):**

<table>
<thead>
<tr>
<th>DESCRIPTION (E.G., STORAGE, FIELD OFFICE, FACTORY)</th>
<th>STREET ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
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<th>DESCRIPTION (E.G., STORAGE, FIELD OFFICE, FACTORY)</th>
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<th>CITY</th>
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**Method of acquisition:**
- [ ] Started New Business
- [ ] Purchased Existing Business
- [ ] Inherited Business
- [ ] Other (Explain): ________________________________

**Business structure:**
- [ ] Sole Proprietorship
- [ ] Partnership
- [ ] Corporation
- [ ] LLC

**Type of Business:**
- [ ] Construction
- [ ] Manufacturing
- [ ] Service
- [ ] Wholesaler/Retailer
- [ ] Distributor
- [ ] Trucker

**Describe the primary business of the firm**

<table>
<thead>
<tr>
<th>Has firm ever existed under different ownership?</th>
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<tbody>
<tr>
<td>[ ] Yes</td>
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<tr>
<td>[ ] No <strong>If yes, explain:</strong></td>
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<table>
<thead>
<tr>
<th>Number of Employees</th>
<th>Full-time</th>
<th>Part-time</th>
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<table>
<thead>
<tr>
<th>Number of:</th>
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<tbody>
<tr>
<td>Owners</td>
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<tr>
<td>Officers</td>
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<tr>
<td>Directors</td>
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</tbody>
</table>

**Firm’s major equipment (construction equipment, vehicles, machinery, etc. Attach additional pages if necessary):**

<table>
<thead>
<tr>
<th>Type of Equipment</th>
<th>Make/Model</th>
<th>Owned/Leased</th>
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</table>
### II. OWNERSHIP

**Complete this section separately for all individuals with an ownership interest in the firm. Attach additional pages if necessary.**

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>GENDER</th>
<th>MALE</th>
<th>FEMALE</th>
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<tr>
<th>POSITION IN APPLICANT FIRM</th>
<th>PERCENT OWNERSHIP</th>
<th>OWNERSHIP IN FIRM SINCE</th>
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**CITIZENSHIP:**
- [ ] U.S. CITIZEN
- [ ] PERMANENT LEGAL RESIDENT

**ETHNICITY:**
- [ ] HISPANIC
- [ ] BLACK AMERICAN
- [ ] NATIVE AMERICAN
- [ ] ASIAN PACIFIC
- [ ] SUBCONTINENT ASIAN
- [ ] CAUCASIAN
- [ ] OTHER (EXPLAIN): _________________________________

**HOME ADDRESS (STREET, CITY, STATE, ZIP):**

**HOME PHONE NUMBER:**

**INVESTMENT TO ACQUIRE OWNERSHIP:**
- [ ] CAPITAL - AMOUNT: $______________
- [ ] EQUIPMENT - VALUE: $______________
- [ ] OTHER - PLEASE EXPLAIN: _____________________________________________________________

### DURING THE PREVIOUS THREE (3) TAX YEARS DID THIS OWNER:

- [ ] HAVE OWNERSHIP INTEREST IN ANY OTHER BUSINESS?
- [ ] PERFORM MANAGEMENT DUTIES FOR ANOTHER BUSINESS?
- [ ] HAVE A FAMILY MEMBER(S) ENGAGED IN A SIMILAR BUSINESS?
- [ ] HAVE A FINANCIAL RELATIONSHIP WITH ANOTHER BUSINESS CONSISTING OF LOANS, AND/OR ASSISTANCE TO MEET BONDS, SECURITY OR CREDIT REQUIREMENTS?

**YES** | **NO**
---|---
[ ] | [ ]
[ ] | [ ]
[ ] | [ ]
[ ] | [ ]

**IF YOU ANSWERED YES TO ANY OF THE ABOVE, PROVIDE:**

**BUSINESS NAME, BUSINESS ADDRESS, NATURE OF BUSINESS, NATURE OF RELATIONSHIP.**
### III. CONTROL
IDENTIFY YOUR FIRM’S OWNERS, OFFICERS AND DIRECTORS

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>DATE APPOINTED</th>
<th>ETHNICITY</th>
<th>GENDER (M/F)</th>
<th>RESPONSIBILITY (SEE LIST BELOW. INDICATE ALL CODES THAT APPLY)</th>
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**RESPONSIBILITY:**

**LIST CURRENT LICENSES AND PERMITS HELD BY ALL OWNERS, OFFICERS, AND DIRECTORS**

<table>
<thead>
<tr>
<th>LICENSE QUALIFIER</th>
<th>LICENSE TYPE</th>
<th>LICENSE NO.</th>
<th>EXPIRATION DATE</th>
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**LIST SOME OF YOUR MAJOR PROJECTS, CONTRACTS OR SALES**

<table>
<thead>
<tr>
<th>PROJECT NAME</th>
<th>CLIENT/CONTRACTOR NAME</th>
<th>AMOUNT</th>
<th>SCOPE OF WORK PERFORMED</th>
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**AFFILIATION INFORMATION**

- DOES THIS BUSINESS SHARE EMPLOYEES, FACILITIES, EQUIPMENT OR SYSTEMS WITH ANOTHER BUSINESS?  
  □ Yes  □ No
- DOES ANY OTHER BUSINESS ENTITY HAVE AN OWNERSHIP INTEREST IN THIS BUSINESS?  
  □ Yes  □ No
- IS THIS BUSINESS AN AFFILIATE, SUBSIDIARY, PARENT, OR HOLDING COMPANY OF ANY OTHER BUSINESS?  
  □ Yes  □ No

**IF YOU ANSWERED YES TO ANY OF THE ABOVE, PROVIDE:**
BUSINESS NAME, BUSINESS ADDRESS, NATURE OF AFFILIATE BUSINESS, NATURE OF RELATIONSHIP (ATTACH ADDITIONAL PAGES IF NECESSARY).
NAICS CODES

The City of Los Angeles utilizes the North American Industry Classification System (NAICS) to identify a firm’s Area of Specialty or Expertise. A firm may only be certified in the business activity in which the firm is regularly engaged, competent to engage, and is controlled by the minority or women qualifier(s).

In order to assist us, please indicate below the NAICS codes for the area(s) of Specialty or Expertise that you perform in order of importance.

For a full list of NAICS codes and assistance in locating appropriate codes please visit: http://www.naics.com/search.htm

<table>
<thead>
<tr>
<th>NAICS Code</th>
<th>Description of Work/Service</th>
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CERTIFICATION AFFIDAVIT:

A FALSE STATEMENT OR MATERIAL OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, AND INITIATION OF DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE INDIVIDUAL AND/OR ENTITY MAKING THE FALSE STATEMENTS TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

THE SIGNATORY OF THIS DOCUMENT MUST BE THE APPLICANT FIRM’S OWNER, OFFICER OR DIRECTOR.

I, ___________________________ (Full Name Printed), affirm under penalty of perjury that I am ____________________ (Title) of _____________________________ (Applicant Firm) and that I have read and understood all of the questions on this application and that all the foregoing information is true and correct to the best of my knowledge. The responses include all 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 understand and recognize that the information submitted in this application is for the purpose of ascertaining certification approval by the City of Los Angeles, Bureau of Contract Administration (LA/BCA). I understand that LA/BCA reserves the right to collect documents and conduct site visit as it deems necessary. I understand that LA/BCA may, by means it deems appropriate, determine accuracy and truth of the statements in the application, and I authorize such agency to contact the entity, individual(s), company, person(s) identified in the application, contractors, etc., and other certifying agencies for the purpose of verifying the information supplied and determining the applicant’s eligibility.

I declare under penalty of perjury that the information provided in this application and supporting documentation is true and correct.

Required Signature: __________________________________________ Date: ______________________

NOTARY CERTIFICATE

State of __________________ , County of _________________________

On this _______ day of ________________, 20____, before me, the undersigned Notary Public, personally appeared ________________________, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within Affidavit, and acknowledged that he/she executed the same in the capacity therein stated and for the purposes therein contained.

In witness whereof, I hereto set my hand and Official Seal.

Notary Public _____________________________ Seal:_________________________
SUPPORTING DOCUMENTS CHECKLIST

SUBMIT REQUIRED DOCUMENTATION FOR ALL CATEGORIES BELOW THAT APPLY TO YOUR BUSINESS.

PLEASE DO NOT BIND YOUR SUBMITTAL.

All Applicants
- Proof of ethnicity and/or gender for all qualifying owners (e.g., passport or birth certificate that explicitly states ethnicity and/or gender)
- Proof of U.S. citizenship or permanent legal residency (e.g., passport, birth certificate)
- Résumés of all qualifying owners, principals and key personnel showing places of employment/ownership, education, and training with corresponding dates
- Federal Individual Income Tax Returns (Form 1040) including all W-2s, schedules, and statements for the most recent three years for all qualifying owners (state tax returns are not required)
- Documented proof of capital investment and/or contributions to acquire ownership or purchase stock for each qualifying owner (e.g., both sides of cancelled checks).
- End of year Balance Sheets and Income Statements for the most recent three years (or life of firm, if less than three years)
- All relevant licenses, permits and certificates with expiration dates.
- Documented proof of ownership or signed lease agreement(s) for all office, warehouse, storage space, etc. owned or leased by your firm
- Bank Signatory Card

Corporation
- Federal Corporate Income Tax Returns (Form 1120 or 1120S) including all schedules and statements for the most recent three years (state tax returns are not required)
- Articles of Incorporation (signed by the state official with approval date)
- Both sides of all corporate stock certificates (current and cancelled)
- Stock transfer ledger
- Minutes of the First Organizational Meeting
- Board Meeting Minutes for the last three (3) years, if available.

Partnership or Joint Venture
- Federal Partnership Income Tax Returns (Form 1065) including all schedules and statements for the most recent three years (state tax returns are not required)
- Original and any amended Partnership and/or Joint Venture Agreements

LLC
- Federal Partnership Income Tax Returns (Form 1065) including all schedules and statements for the most recent three years (state tax returns are not required)
- Original and any amended Operating Agreement(s)
- Articles of Organization

Trucking Company
- Title(s) and registration certificate(s) for each truck owned and/or operated by your business
- Current Motor Carrier Permit

Regular Dealer
- Proof of warehouse ownership or lease
- List of product lines carried
- List of distribution equipment owned and/or leased