



Initial Certification

Recertification

PUC Regional Service Area

SECTION I: BUSINESS INFORMATION

Business Name:

Primary Place of Business:

Address

City State Zip Code

Check all that apply: Home Office Own Lease

Mailing Address:

Same as Above **Address**

City State Zip Code

Contact Name:

Contact Information:

Phone Fax

Cell Email

Website

Federal Employer ID Number (FEIN):

No FEIN

Business Type:

Individual/Sole Proprietor or Single-Member LLC

Partnership

LLC

Corporation (Including S-Corps)

Sample Format: 111 Street, City, State 95030 (Equipment Storage)

Additional Locations, if any:

(e.g., satellite offices, storage units, warehouses, etc.)

Truckers/Haulers:

Indicate where you park your vehicle(s).

SECTION II: OWNERSHIP & EMPLOYEE DATA

Owners/ Shareholders (First and Last Name)	Ownership %	Professional and/or Contractor License(s) if any	Full-time employee of the City & County of San Francisco (Y/N)	For Tracking Purposes Only.			
				Ethnicity (optional)	Female (optional) (Y/N)	LGBT (optional) (Y/N)	Disabled Veteran (optional) (Y/N)

**Please attach separate page if there are more owners/shareholders*

A. ORGANIZATIONAL HISTORY

For Firms That Are Corporations, Partnerships, or Sole Proprietors:

Date incorporated or founded: _____ Under the laws of what state: _____ Not Applicable: _____

B. BUSINESS STRUCTURE

1. Has there been any change in ownership of the firm at any time during the last five years?

Yes No

If yes, please explain:

2. How many years has your organization been in business in California, under your present business name and license number? _____ Years

3. Has any owner, partner or (for corporations) officer of your firm operated another firm under any other name in the last five years?

Yes No

If yes, please explain:

4. Are any of the owners/shareholders full time employees for another business?

Yes No

If yes, please explain:

5. Indicate whether your business paid wages last year: Yes No

SECTION III: GOODS AND SERVICES

List the goods and services that you provide and for which you are seeking certification below. For a list of the specific goods and services eligible for LBE certification, go to: www.sfgov.org/cmd/categories.

[Sample Format: CN031 - General Building Contracting (B)]*

***Please note: PUC LBE firms are allowed certification under Construction and Construction related Supplies and Equipment and Professional Services only.**

SECTION IV: REQUIRED SUPPORTING DOCUMENTS

Please submit the required supporting documents with your LBE Application. **Complete the Document Checklist Provided Below.**

- Submitted **Verification of Primary Place of Business:** Provide a copy of your lease or other written agreement with proof of recent rent payment for your primary place of business. If you own this property, provide proof of ownership (e.g., property tax bill or deed). **Please Note: If you are submitting an LBE Recertification Application and your principal address is the same, you do not need to verify the primary place of business.**
- NA
- Submitted **Verification of Additional Locations:** Provide a copy of your lease or other written agreement with proof of recent rent payment for each additional location identified in Section I. If you own this property, provide proof of ownership (e.g., property tax bill or deed).
- NA
- Truckers/Haulers:** Provide a copy of parking lease with proof of recent payment.
- Submitted **Verification of Business License:** Provide a copy of your current San Francisco or PUC Business License.
- NA
- Truckers/Haulers: Truckers do not need to submit a San Francisco Business License.**
Provide copies of (1) your DMV Motor Carrier Permit and (2) proof of ownership for each vehicle (trucks & haulers) in your fleet (e.g., vehicle registration or title).
- Verification of Business Type:**
- Submitted **Individual/Sole Proprietor or Single-Member LLC:** Check NA
- NA **Partnerships:** Provide a copy of your partnership agreement. If you do not have one, check NA. **Corporations (including S-Corps):** Provide a copy of your Articles of Incorporation. **LLCs:** Provide a copy of your Articles of Organization.
- Submitted **Verification of Ownership Percentages:** Provide proof of ownership percentages for each owner/principal identified in Section II (e.g., up-to-date stock transfer ledger, most recent K-1 Schedules, etc.).
- NA
- Individual/Sole Proprietor or Single-Member LLC:** Check NA.
- Submitted **Woman or Minority Owned Businesses:** For each owner/principal which you identified as Female or an Ethnic Minority in Section II, provide proof of gender or ethnicity (e.g., passport, driver's license, birth certificate, etc.).
- NA
- Submitted **LGBT Owned Businesses:** If owners/principals are identified as LGBT in Section II, provide proof of LGBT certification with the National Gay and Lesbian Chamber of Commerce.
- NA
- Submitted **Disabled Veteran Owned Businesses:** If owners/principals are identified as Disabled Veteran in Section II, provide proof of DVBE certification with the State of California Department of General Services.
- NA
- Submitted **Recognized Green Businesses:** If your firm is a recognized San Francisco Green Business, as indicated in Section I, provide a copy of your Green Business Program Recognition Certificate.
- NA

Submitted **Verification of Employee Data (1):** Provide a copy of your most recently filed annual W-3 Transmittal of Wage and Tax Statement filed with the Social Security Administration. If you did not pay wages last year, check NA.

Submitted **Verification of Employee Data (2):** Provide copies of all quarterly DE9C payroll reports you filed with the CA Employment Development Department last year. If you did not pay wages last year, submit copies of all DE9C payroll reports you filed with the EDD this year. If you did not pay wages during either period, check NA.

Submitted **Verification of Goods and Services:** Provide copies of invoices and/or contracts signed by your clients as evidence of your ability to provide the goods and services for which you seek to be certified. Provide **three** examples for **each** category identified in Section III.

Submitted **Verification of Average Gross Receipts:** To determine your average gross receipts for the last five years, submit the following documents.

Individual/Sole Proprietor or Single-Member LLC:

Submitted Five most recently filed federal individual income tax returns.
 NA

All other Business Types:

Submitted Five most recently filed federal income tax returns for your business
 NA

AND

Submitted **Initial Certification:** Five most recently filed federal individual income tax returns for each owner identified in Section II.
 NA **Recertification:** Most recently filed federal individual tax returns for each owner.

We reserve the right to request additional information/documents once we have reviewed your application and accompanying required documents.

SECTION V: AFFIDAVIT

The undersigned declares and swears under penalty of law that the statements made in this application are true, correct and complete. The undersigned further agrees to permit audits and examination of the books, records and files of the named firm to verify the information submitted in this application. Any material misrepresentation will be grounds for initiating criminal and civil actions under federal, state and local laws and for terminating any contract awarded pursuant to this Certification.

Full Name

Signature

Date

PLEASE SUBMIT APPLICATION WITH ALL SUPPORTING DOCUMENTS TO LBECERT@SFGOV.ORG OR MAIL TO:

Contract Monitoring Division
Attn. Certification Unit
1455 Market St., Suite 16A
San Francisco, CA 94103

For more information, visit www.sfgov.org/cmd or call (415) 581-2310