

Checklist for Required Attachments

SUBMIT COPIES OF THE FOLLOWING DOCUMENTS, EXHIBITS, SCHEDULES, ETC.

I. CORPORATION:

- A. Current Balance Sheet or Financial Statement (with accountant's report and notes, if applicable)
- B. Prior three (3) years' federal tax returns
- C. Resumes for individuals list in items 6-13
- D. Copies of long term lease agreements, management services agreements, and details of any oral agreements; include all exhibits/schedules, etc.
- E. Articles of incorporation with evidence of filing
- F. Corporate by-laws, include all amendments
- G. Copies of currently held stock certificates
- H. Stock transfer ledger or copy of stock certificate stubs
- I. Record of first corporate organizational meeting
- J. Most recent minutes electing officers
- K. Most recent minutes electing directors
- L. Opening bank statement
- M. Bank Signature card or resolution from all company accounts
- N. All line of credit documents

II. PARTNERSHIP OR SOLE PROPRIETORSHIP:

- A. Current Balance Sheet or Financial Statement (with accountant's report and notes, if applicable)
- B. Prior three (3) years' federal tax returns
- C. Resumes for individuals list in items 6-13
- D. Copies of long term lease agreements, management services agreements, and details of any oral agreements; include all exhibits/schedules, etc.
- E. Fictitious name registration, if applicable
- F. Partnership agreement (including buy-out rights and distribution of profits/losses)
- G. Provide copy of State Certification

III. RECERTIFICATION:

- A. Current Balance Sheet or Financial Statement (with accountant's report and notes, if applicable)
- B. Prior three (3) years' federal tax returns (not previously submitted)
- C. Copy of current certification letter
- D. Provide copies of any changed documents since last approved application
- E. Provide copy of State Certification

IV. COPIES OF ANY STIPULATIONS OF THE FOLLOWING:

- A. Stock options
- B. Ownership options
- C. Stockholder agreements
- D. Buy-out rights
- E. Stockholder voting rights
- F. Restrictions on disposal of stock
- G. Facts pertaining to the value of shares
- H. Ownership of voting securities
- I. Provide a copy of State Certification

Code Check List

I MALE _____

2 FEMALE _____

BLACK AMERICAN

____ 10 BLACK RACIAL GROUPS OF AFRICA

90 WHITE

91 BLACK AMERICAN

HISPANIC AMERICAN

____ 21 MEXICO
____ 22 PUERTO RICO
____ 23 CUBA
____ 24 CENTRAL AMERICA
____ 25 SOUTH AMERICA
____ 26 PORTUGAL
____ 27 SPAIN

____ MEXICO
____ PUERTO RICO
____ CUBA
____ CENTRAL AMERICA
____ SOUTH AMERICA
____ PORTUGAL
____ SPAIN

NATIVE AMERICAN

____ 41 AMERICAN INDIAN
____ 42 ALEUT
____ 43 ESKIMO
____ 44 NATIVE HAWAIIAN

____ AMERICAN INDIAN
____ ALEUT
____ ESKIMO
____ NATIVE HAWAIIAN

ASIAN-PACIFIC AMERICAN

____ 51 JAPAN
____ 52 CHINA
____ 53 TAIWAN
____ 54 KOREA
____ 55 VIETNAM
____ 56 LAOS
____ 57 CAMBODIA
____ 62 PHILIPPINES
____ 63 SAMOA
____ 64 GUAM
____ 65 US TRUST TERRITORY OF PACIFIC
____ 66 NORTHERN MARIANAS
____ 71 BURMA
____ 72 THAILAND

____ JAPAN
____ CHINA
____ TAIWAN
____ KOREA
____ VIETNAM
____ LAOS
____ CAMBODIA
____ PHILIPPINES
____ SAMOA
____ GUAM
____ US TRUST TERRITORY 01 PACIFIC
____ NORTHERN MARIANAS
____ BURMA
____ THAILAND

ASIAN INDIAN AMERICAN

____ 58 INDIA
____ 59 PAKISTAN
____ 61 BANGLADESH

____ INDIA
____ PAKISTAN
____ BANGLADESH

OTHER

____ 80 MEMBERS OF OTHER GROUPS NOT REFLECTED ABOVE.

SPECIFY

MAWSS

**Mobile Area Water and Sewer Service
Office of Small and Underutilized Business Certification
207 N. Catherine Street
Mobile, AL 36604**

We appreciate your interest in becoming certified as a Small and Underutilized Business (SUB) with the Mobile Area Water and Sewer Service (MAWSS).

The purpose of this Small and Underutilized Business Certification is for businesses owned and controlled by socially and economically disadvantaged individuals to participate in projects administered by the service. Only firms that perform services or provide products that are relative to water and sewer planning, engineering, construction, or research should apply for Small and Underutilized Business Certification. In addition to being certified as a Small and Underutilized Business, firms seeking to do business with the service may need to satisfy other requirements.

If you have any questions, Archnique Kidd at (251) 694-3194 and she will be glad to assist you.

DEFINITIONS

Small and Underutilized Business "or" SUB

A small business concern, which is owned and controlled by one or more individuals, as identified on the attachment titled SUB Code List.

Owned and Controlled" is a business:

* which is at least 51 % owned by one or more socially and economically disadvantaged individuals, or, in the case of any corporation at least 51 % of the stock of which is owned by one or more socially or economically disadvantaged individuals;

* whose management and daily business operations are controlled by one or more of the small and underutilized persons who own it.

"Small and Underutilized Business Individuals"

Those individuals who are citizens of the United States (of lawfully permanent residents) and who are Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, Asian-Indian Americans, or women and other disadvantaged individuals found to be disadvantaged by the Small Business Administration pursuant to Section 8(a) of the Small Business Act, as amended. For convenience, these individuals and groups are referred to as "disadvantaged".

* "Black Americans" - include persons having origins in any of the black racial groups of Africa ;

*" Hispanic Americans" - include persons of Mexican, Puerto Rican, Cuban, Central or South American, Spanish or Portuguese culture or origin, regardless of race;

* "Native Americans" - include persons who are American Indians, Eskimos, Aleuts, or Native Hawaiians;

* "Asian-Pacific Americans" - include persons whose origins are from Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, U.S. Trust Territories of the Pacific, the Northern Marianas, Burma, and Thailand;

* "Asian- Indian Americans" - include persons whose origins are from India, Pakistan and Bangladesh;

*"Women"- include all females of all races and origins.

Small and Underutilized Business Certification Affidavit

1. NAME AND ADDRESS:

FIRM NAME

STREET ADDRESS

STREET/P.O./BOX

CITY

STATE ZIP CODE

CITY

STATE ZIP CODE

MAILING ADDRESS (IF DIFFERENT)

TELEPHONE NO.

FAX NO.

FEDERAL ID NUMBER/SOCIAL SECURITY#

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2. TYPE OF OWNERSHIP:

___ SOLE PROPRIETORSHIP

___ PARTNERSHIP

___ CORPORATION

3. TYPE OF BUSINESS

___ CONSTRUCTION CONTRACTOR/SUBCONTRACTOR

___ ENGINEERING CONSULTANT

___ CONSULTANT

___ REGULAR DEALER

___ MANUFACTURER

___ TRUCKING

___ OTHER

4. YEARS IN BUSINESS:

5. LIST THE TYPE OF WORK YOUR FIRM CAN PERFORM AS PART OF THE SUB PROGRAM:

6. OFFICERS:

NAME

YRS IN POSITION

SS#.

SUB CODE

___ OWNER

___ PRESIDENT

___ PARTNERS

VICE - PRESIDENT

SECRETARY

TREASURER

OTHER

7. BOARD OF DIRECTORS:

NAME

YRS ON BOARD

SS#.

SUB CODE

ADDRESS

8. STOCK: (indicate number of shares):

COMMON STOCK: Authorized _____ Currently Held _____

PREFERRED STOCK: Authorized _____ Currently Held _____

9. STOCK BREAKDOWN:

NAME	SS#	SUB CODE	CLASS	#OF SHARES	TOTAL COST	% OF OWNERSHIP	DATE OF OWNERSHIP
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* if any of the shareholders gave anything of value (other than money) in exchange for their stock, please attach a written explanation.

10. CURRENT NUMBER OF EMPLOYEES ON PAYROLL:

Full Time: _____ Part Time: _____

11. WHO DETERMINES WHAT JOB THE COMPANY WILL UNDERTAKE?

12. WHO IS RESPONSIBLE FOR ON - SITE SUPERVISION?

13. WHO PREFORMS THE FOLLOWING?

ESTIMATING: _____

MARKETING & SALES: _____

HIRING & FIRING OF MANAGEMENT PERSONNEL: _____

PURCHASING OF MAJOR ITEMS OR SUPPLIES: _____

NEGOTIATING INSURANCE: _____ NEGOTIATING BONDING: _____

14. IDENTIFY YOUR CURRENT:

BANK _____ BONDING COMPANY _____

15. LIST ALL SOURCES AND AMOUNTS OF LOANS & INVESTMENTS IN THE FIRM

(do not include amounts from #9)

SOURCE	DATE	AMOUNT
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16. DO YOU HAVE CONTROLLING INTEREST IN ANY OTHER FIRM? _____ YES _____ NO

(IF YES, COMPLETE THE FOLLOWING AND ATTACH THE PRIOR THREE (3) YEARS FEDERAL TAX RETURNS FOR EACH)

NAME OF FIRM	% OF OWNERSHIP	#FT EMPLOYEES	# OF PT EMPLOYEES
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17. LIST NAME AND ADDRESS OF YOUR ATTORNEY

18. LIST NAME AND ADDRESS OF YOUR CPA

19. LIST THE LAST THREE LARGEST CONTRACTS/SUBCONTRACT IN DOLLAR AMOUNTS YOU HAVE COMPLETED FOR THE MOBILE AREAS WATER AND SEWER SERVICE.

Contract Owner	Dollar Amount	Date completed	Prime Contractor
A.			
B.			
C.			

20. LIST THE LAST THREE LARGEST CONTRACTS/SUBCONTRACT IN DOLLAR AMOUNTS YOUR FIRM HAS COMPLETED OVER THE LAST THREE YEARS.

Contract Owner	Dollar Amount	Date completed	Prime Contractor
A.			
B.			
C.			

21. DOES YOUR FIRM OWN MAJOR EQUIPMENT? Yes _____ No _____ IF YES, LIST MAJOR EQUIPMENT OWNED OR ATTACH LIST IF NECESSARY.

DESCRIPTION	QUANTITY
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- A.
- B.
- C.

22. IS YOUR FIRM CERTIFIED BY ANY OTHER CERTIFYING AGENCY? Yes _____ No _____ PLEASE ATTACH LETTERS OF CERTIFICATION.

23. LIST ALL DENIALS BY OTHER CERTIFYING AUTHORITIES:

- A.
- B.
- C.

24. LIST ALL GEOGRAPHICAL LOCATIONS YOU SERVE:

- A.
- B.
- C.

25. LIST ALL LABOR, SKILL/CRAFT ASSOCIATIONS YOU ARE A MEMBER:

- A.
- B.
- C.

The undersigned does hereby swear that this firm is at least 51 % owned by individuals who are either U.S. Citizens or lawfully admitted U.S. permanent residents and that the foregoing statements and attachments are true, accurate and complete, and include all material information necessary to identify and explain the operations of the firm.

Further, the undersigned does covenant and agree to provide the Mobile Area Water and Sewer Service information regarding actual work performed on the Service's projects, the payment therefore and any proposed changes in any of the arrangements herein above stated and to permit the investigation to include interview of principals, employees and offices, and examination of the books, records and files of the firm by authorized representatives of the Service, as deemed necessary. The information requested in this application is intended to be used for the purpose of assessing the applicants eligibility for certification under the Service's Small and Underutilized Business Program. Use of this information may also be made by other duly authorized governmental entities.

Trade secrets, information privileged by law, and confidential commercial, financial, geological, or geophysical data furnished will be protected by the Service.

Any distortion, false- statement, or nondisclosure of information will be deemed by the Service to be a material misrepresentation. All material misrepresentations are subject to prosecution under Federal and State laws, and may also be grounds for denial of SUB Certification.

(SIGNATURE OF AFFIANT (DATE)

SEAL

PRINTED NAME

SWORN AND SUBSCRIBED BEFORE ME

(TITLE)

(SIGNATURE OF NOTARY PUBLIC)

This _____ day of _____, 20____ My Commission Expires:

The affidavit must be notarized and signed by an authorized responsible individual of the firm seeking certification. Please review all items to ensure that the information provided is accurate and complete. Failure to provide the proper information may cause delays in determining eligibility. Failure to cooperate may cause your application to be denied.