

OHIO UNIFIED CERTIFICATION PROGRAM

NAICS CODE/DESCRIPTOR REQUEST FORM FOR DBE FIRMS

FIRM CONTACT INFORMATION			
Firm Name		Majority Owner of Record	
Primary Contact Person Name		Primary Contact Person E-mail	
Primary Contact Person Phone		Firm mailing address with City, State, ZIP Code	
Date of DBE Certification (if not yet certified, please include the date of submission of DBE Certification Application)			

BUSINESS ACTIVITY	
Firm's Primary Business Activity: (Be specific on what your business does now- primary business is what brings in the most revenue for the business)	
List Equipment/Licenses you possess that enable you to perform the NAICS codes/descriptors listed below (attach proof)	
Identify qualifications and/or certifications, and who possesses these to perform NAICS codes/descriptors listed below (attach proof)	

REQUEST FOR NAICS CODES/DESCRIPTORS

A correct NAICS code is one that describes, as specifically as possible, the principal goods or services which the firm would provide **to DOT recipients (i.e., ODOT, transit systems, and airports)**. Multiple NAICS codes may be assigned where appropriate. Due to the broad nature of certain NAICS codes (e.g., 237310 Highway, Street, and Bridge Construction), the Ohio UCP applies descriptors to further specify the types of work included under these codes. Please refer to the Ohio UCP Descriptors table for a listing of available descriptors: <http://www.dot.state.oh.us/Divisions/ODI/SDBE/UCPDocs/Ohio%20UCP%20Descriptors.xlsx>. If a NAICS code has descriptors, the Ohio UCP will generally only certify firms in one or more of these descriptors, and not the NAICS code itself.

Six Digit NAICS Code	Descriptor (if no descriptor requested, enter n/a)	License Requirement (if no license requirement, enter n/a)	Has Firm Performed This Work (Y/N)?

SUPPORTING DOCUMENTATION CHECKLIST

Unless otherwise noted, copies of the documents listed below are required and must be included with the request form. If you do not have one or more documents requested below, provide a written statement explaining why. If this form is being submitted as part of a new certification application, please submit all supporting documentation with the new certification application package.

For All Requests

- Resume(s) of key personnel who will be providing goods or performing services related to the above codes/descriptors, including updated resume(s) of the disadvantaged owner(s);
- List of equipment used to provide goods or perform services, including any specialized software;

If you are requesting any code(s) other than those beginning with 42, 44, 45 or 484, please provide additional documentation as follows:

- Copies of contracts (including signature pages), purchase orders, or invoices verifying the performance of the requested service(s). Must contain the scope of work and parties involved. (Recommend three for each code/descriptor requested);
- Copies of license(s) pertaining to the requested service(s).

If you are requesting one or more codes beginning with 42, 44 or 45, please provide additional documentation as follows:

- Current list of inventory including quantities and costs;
- Vendor agreements or copies of invoices from vendors for products that are retailed;
- Wholesaler/Distributor agreements;
- Copies of invoices from vendors for products being wholesaled.

If you are requesting one or more codes beginning with 484, please provide additional documentation as follows:

- Commercial Driver's License (CDL) for all drivers;
- Insurance Agreements for each truck owned or operated by firm;
- Title(s) and registration certificate(s) for each truck owned or operated by firm.

OWNER SIGNATURE(S)

(please complete the section below using blue or black ink)

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

I _____ (full name printed), affirm under penalty of law that I am _____ (title)

of the firm _____ and that I have read and understood all of the questions in this form and that all of the foregoing information and statements submitted in this form 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 correct NAICS codes and/or descriptors of the named firm as well as the control thereof.

I recognize that the information submitted in this application is for the purposes of certification by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the form, and I authorize such agency to contact any entity named in the application, and the named firm'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.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its places 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 this request for NAICS codes and/or descriptors.

I acknowledge and agree that any misrepresentations in this form or in records pertaining to a contract or subcontract will be grounds for denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

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

Signature		Signature	
Name and Title		Name and Title	
Date		Date	