

# LUZERNE COUNTY TRANSPORTATION AUTHORITY

## VENDOR PROFILE & BIDDERS LIST APPLICATION FORM

The U.S. Department of Transportation (DOT) (49 CFR 26.11) requires the Luzerne County Transportation Authority (LCTA) to obtain the following information from contractors and subcontractors who bid on LCTA federally-assisted contracts: Company name; company address; status as a DBE or non-DBE firm; age of firm; and the annual gross receipts of the company. This information will be maintained in the LCTA vendor list. The purpose for maintaining a vendor list is to derive data on the relative availability of all firms and DBEs in the local market area. LCTA may also use this data in the future to help set overall DBE participation goals for LCTA federally-assisted contracts.

**INSTRUCTIONS:** This form must be completed by the general/prime contractor, each sub-contractor & joint venture partnership(s). Please provide copies of all business licenses, articles of incorporation, etc., and UCP, WBE, MBE and/or DBE Certifications with this form. Return this form to: Luzerne County Transportation Authority, attn. Compliance Analyst/DBELO, 315 Northampton Street, Kingston, PA 18704. Include the expiration date of any certifications and licenses listed. **(All fields must be completed, please print legibly.)**

### APPLICATION SUBMISSION TYPE

- This is the initial information entry for my business.  Prime Contractor
- This is an update to the existing information for my business.  Sub-Contractor

### CONTACT INFORMATION

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Fax No.

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Primary Contact Person & Title

\_\_\_\_\_  
Website Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Federal Tax Identification Number

\_\_\_\_\_  
Pennsylvania Business License Number

\_\_\_\_\_  
Pennsylvania Contractor License Number (if applicable)

In what year was the company established? \_\_\_\_\_

### COPMPANY OWNERSHIP DECLARATION

Please list additional principals on a separate sheet of paper.

_____ Name	_____ Title	_____ % Owned
_____ Name	_____ Title	_____ % Owned
_____ Name	_____ Title	_____ % Owned

## SUPPLIER DEMOGRAPHICS

**SUPPLIER DIVERSITY STATEMENT:** Because LCTA receives federal funding, LCTA must report to the FTA all supplier outreach and diversity efforts. This information is used for reporting purposes only, and will not affect the ability of your firm to do business with LCTA. If you do not complete this section of the application, your firm will not be added to the LCTA vendor list. Minority-owned businesses (MBE) or Female-owned businesses (WBE) may qualify as a DBE by virtue of having 51% or more ownership status and active management in the day-to-day operations of the business. Information obtained is for statistical and reporting purposes only. **Please designate the gender, ethnicity, and management arrangement of the majority ownership of your business. CHECK ALL THAT APPLY:**

<input type="checkbox"/> Male-Owned	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Hispanic American
<input type="checkbox"/> Female-Owned	<input type="checkbox"/> Asian American	<input type="checkbox"/> Pacific American
<input type="checkbox"/> Veteran-Owned	<input type="checkbox"/> African American	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Disabled Veteran-Owned	<input type="checkbox"/> MBE – Enter Certification #: _____	
<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> DBE – Enter Certification #: _____	
<input type="checkbox"/> Public Held Corporation	<input type="checkbox"/> SBE – Enter Certification #: _____	
<input type="checkbox"/> Private Owned Business	<input type="checkbox"/> WBE – Enter Certification #: _____	

What is my firm's current UCP certification status?

- Yes, I am certified - Please provide documentation attached to this application.
- No, I **am not** certified - To claim MBE, DBE, SBE or WBE status, official documentation is required.
- Not Applicable.

If your firm is not UCP certified, do you want LCTA to provide your company with additional guidance on how to become certified?  Yes  No  N/A

## REGULATORY COMPLIANCE DISCLOSURE

**DEBARRED STATEMENT:** Has this firm or any of its principals ever been debarred from providing any items or services by any local, state or federal government agency? Yes  No

If yes, please attach a full detailed explanation, including dates, circumstances and current status.

**DISCLOSURE STATEMENT:** Has this firm or any principal, currently or previously, had any personal or business relationship with any member of the LCTA Board of Directors or LCTA employee, local, county, state or federal elected official or government employee, and/or member of Luzerne County Council? Yes  No

If yes, please attach a full detailed explanation, including dates, circumstances and current status.

**NET WORTH STATEMENT:** Is the net worth of the 51% ownership of your business less than \$1,320,000 on an individual basis (not counting the market value of their primary residence or their equity/investment in their business)?

Yes  No

**SMALL BUSINESS STATEMENT\*:** Are the annual gross receipts of your business (averaged over 3 years) less than \$23,980,000?  Yes  No

What are the annual gross receipts of your company? **Check One:**

- |   |  |
|---|--|
| <input type="checkbox"/> Less than \$1,000,000      | <input type="checkbox"/> \$10,000,000 – \$15,000,000 |
| <input type="checkbox"/> \$1,000,000 – \$5,000,000  | <input type="checkbox"/> \$15,000,000 - \$23,980,000 |
| <input type="checkbox"/> \$5,000,000 – \$10,000,000 | <input type="checkbox"/> Greater than \$23,980,000   |

*\* The U.S. DOT annually decides on the amount of average annual gross receipts a firm must have to be eligible to become a certified DBE. Currently, if your company in the previous three fiscal years has had average annual gross receipts below \$23,980,000, your company may be eligible for DBE Certification.*

## SERVICES & COMMODITIES INFORMATION

Check all applicable items below for products and/or services your firm provides:

### PROFESSIONAL SERVICES

- |  |   |
|--|---|
| <input type="checkbox"/> Design Services and General Consulting    | <input type="checkbox"/> Architectural & Engineering Services |
| <input type="checkbox"/> Legal Services                            | <input type="checkbox"/> Advertising or Public Relations      |
| <input type="checkbox"/> Accounting or Auditing                    | <input type="checkbox"/> Consulting                           |
| <input type="checkbox"/> Financial Consulting & Actuarial Services | <input type="checkbox"/> Insurance Underwriting Services      |
| <input type="checkbox"/> Computer and IT Services                  | <input type="checkbox"/> Training                             |
| <input type="checkbox"/> Other: _____                              |   |

### COMMODITIES

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Office Supplies        | <input type="checkbox"/> Vehicle Parts & Components | <input type="checkbox"/> Painting Supplies   |
| <input type="checkbox"/> Fuels & Lubricants     | <input type="checkbox"/> Computer & IT Equipment    | <input type="checkbox"/> Janitorial Products |
| <input type="checkbox"/> Bottled Water          | <input type="checkbox"/> Gases, Industrial          | <input type="checkbox"/> Locks/Supplies      |
| <input type="checkbox"/> Paper Products, Office | <input type="checkbox"/> Power Equipment            | <input type="checkbox"/> Safety Equipment    |
| <input type="checkbox"/> Tires/Tubes            | <input type="checkbox"/> Tools (Hand/Power)         | <input type="checkbox"/> Vehicles            |
| <input type="checkbox"/> Radio Equipment        | <input type="checkbox"/> First Aid Supplies         | <input type="checkbox"/> Other: _____        |

### CONSTRUCTION PROJECTS

- |   |   |
|---|---|
| <input type="checkbox"/> Paving and Concrete                  | <input type="checkbox"/> General Contractor |
| <input type="checkbox"/> Excavating                           | <input type="checkbox"/> HVAC Systems       |
| <input type="checkbox"/> Building Materials (Category): _____ | <input type="checkbox"/> Other: _____       |

### OTHER SERVICES

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Component Rebuilding         | <input type="checkbox"/> Printing                  | <input type="checkbox"/> Landscaping         |
| <input type="checkbox"/> Cleaning & Custodial         | <input type="checkbox"/> Vehicle Support/Towing    | <input type="checkbox"/> Vehicle Maintenance |
| <input type="checkbox"/> Drug Testing                 | <input type="checkbox"/> Alarm Monitoring          | <input type="checkbox"/> Carpet Cleaning     |
| <input type="checkbox"/> Telecommunications Equipment | <input type="checkbox"/> Fire Systems Maint./Insp. | <input type="checkbox"/> Pest Control        |
| <input type="checkbox"/> Other: _____                 | <input type="checkbox"/> Sub-Contract: _____       | <input type="checkbox"/> Lease: _____        |

## PRIMARY INDUSTRY CLASSIFICATION

The 2012 NAICS is described in the United States North American Industry Classification Manual, which is available on the internet at the U.S. Census Bureau Web site: <http://www.census.gov/eos/www/naics/>.

- A. List the most current and specific (2012) North American Industry Classification System (NAICS) designation code(s) which best describes the primary business of the firm (DBE and Non-DBE Firms):

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- B. List the certified (NAICS) designation code(s) assigned to the DBE firm by the UCP which best correlates to the firm's primary area of work in furnishing goods and/or services to LCTA (DBE Firms Only):

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## SIGNATURE AUTHORIZATION

The undersigned hereby affirms that he/she is empowered to sign this form and affirms that, to the best of his/her knowledge, the information contained in this application is current and accurate.

Printed Name & Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Disclaimer:** *By submitting this application, I certify that this information is correct and that neither I or any person(s) in any connection with me as principal or officer, so far as is known, is now debarred or otherwise declared ineligible by any agency of the federal government from bidding for furnishing equipment, materials, supplies, or services. By submitting this form you acknowledge that you have read and understand our Privacy Policy and Terms of Use available at [www.lctabus.com](http://www.lctabus.com). The completion of this application is not a guarantee of award for any contact or contractual obligation, expressed or implied.*

*LCTA operates its programs and services without regard to race, color and/or national origin in accordance with Title VI of the Civil Rights Act.*

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--- FOR LCTA USE ONLY ---

Date Received: \_\_\_\_\_ DBELO Signature: \_\_\_\_\_