

East Bay Interagency Alliance (EBIA)

COMMON APPLICATION for LOCAL CERTIFICATION

Alameda County – Alameda County Transportation Commission – City of Oakland – Port of Oakland

Check Certifying Agency:

Submittal Date: _____

- Alameda County – No supplemental required
- Alameda County Transportation Commission – Complete [Supplemental B](#)
- City of Oakland – Complete [Supplemental C](#)
- Port of Oakland – Complete [Supplemental D](#)
- All the above

The Common Application is a sharing of information between agencies and NOT a reciprocal certification.

1) Contact Information

Legal Name of Entity		Contact Person (Name & Title)		
Street Address of Entity (No P.O. Box)				
City		State	Zip Code	County
Telephone () ()	Fax # () ()	Cell# () ()		
Email Address		Web Site		

2) Company Profile

Primary Service/Product undertaken/offered:		Primary NAICS code (as listed on Federal tax documents):	
Date Entity was established (mm/dd/yr)	Does the entity have one or more additional offices outside Alameda County? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, list other location(s)	Date Alameda County office was established (mm/dd/yr)	
Method of Acquisition <input type="checkbox"/> New <input type="checkbox"/> Merger or consolidation		<input type="checkbox"/> Purchased existing <input type="checkbox"/> Inherited	<input type="checkbox"/> Secured concession <input type="checkbox"/> Other (explain)
Federal ID Number:			
Has this entity operated under a different name during the past five years? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, list other business name(s)			
Type of Firm <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Publicly traded entity <input type="checkbox"/> Non-Profit or Church <input type="checkbox"/> Other _____		Ethnicity Group of owners(s) that own greater than 50% of the business. (for tracking purposes only) <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific /Hawaiian <input type="checkbox"/> Multi ethnic ownership <input type="checkbox"/> Asian Indian <input type="checkbox"/> Multi ethnic minority ownership <input type="checkbox"/> Caucasian <input type="checkbox"/> ownership <input type="checkbox"/> Filipino <input type="checkbox"/> Other _____	
		Gender (for tracking purposes only) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Gross Receipts for the last three recent fiscal years: Please attach copies of appropriate tax returns: (e.g. Form 990, Form 1040, Form 1120, etc)		Year Ended _____ Year Ended _____ Year Ended _____	Total Receipts \$ _____ Total Receipts \$ _____ Total Receipts \$ _____

2) Company Profile: (Continue)

Number of Employees at the local office Permanent Full time ____ Permanent Part time ____	Temporary Full Time ____ Temporary Part Time ____	Seasonal Full Time ____ Seasonal Part Time ____
TOTAL Number of Employees at all locations. Permanent Full time ____ Permanent Part time ____	Temporary Full Time ____ Temporary Part Time ____	Seasonal Full Time ____ Seasonal Part Time ____

3) Certifications:

Name of Issuing Authority	Type	Number	Expiration Date
City / County Business Tax Certificate			
Internal Revenue Service (required) – If your firm is a Non-Profit, submit the Letter of Determination of Not For Profit Status.			
State of CA /CUCP Certification for DBE/ACDBE firm			
State of CA /SBA Certification for Small firm			
Other Certification			
Other Certification			
Other Certification			

4) Professional Licenses, Permits and/or Certificates (e.g. contractor, architect, engineer, etc. – list all that apply - attach copies. List on a separate page if additional space is needed)

Name of Issuing Authority	Type	Number	Expiration Date
State of CA Contractor's License Board – Contractor's License:			
State of CA Professional Service License or Permit:			
State of CA Service Provider License or Permit:			
Other:			
Other:			

5) NAICS Codes: Please review the NAICS¹ listing of work codes and indicate below your areas of expertise ranked in order of importance (begin with primary and add all specialty areas) NAICS Codes can be found at: <http://www.naics.com/search.htm> and <https://www.census.gov/eos/www/naics/>. Add separate sheet for additional NAICS codes if needed.

NAICS Code	Description of Work

6) Additional Information:

Are you a Trucking Firm? Yes No Are you a Truck Broker? Yes No Both? Yes No
A supplier? Yes No

7) When submitting this application to any of the checked Certification Taskforce members, I consent to the sharing of information contained herein: Yes No

I declare, under penalty or perjury all of the foregoing statements are true and correct.

Signature Print Name Title Date