



Our business... is growing yours!

Lilia Snyder  
Program Manager

CITY OF NEW HAVEN  
SMALL CONTRACTOR DEVELOPMENT  
165 Church Street, 6<sup>th</sup> Floor  
New Haven, CT 06510  
Phone: 203-946-6550  
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Michael Piscitelli  
Economic Development  
Administrator

# APPLICATION FOR RE-CERTIFICATION

Please complete this application in its entirety and provide all requested information and supporting documentation to this office. Failure to do so may result in a delay or rejection of your application.

## I. CONTACT INFORMATION:

1) Complete Legal Name of Business: \_\_\_\_\_

Federal Employer Identification Number ("FEIN"): \_\_\_\_\_  
(Or Social Security Number ("SSN") if no FEIN)

2) Street Address: \_\_\_\_\_  
(P.O. Box only will not be accepted)

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3) Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_ Cell: \_\_\_\_\_

4) Principal or owner: \_\_\_\_\_

Office Contact (if different): \_\_\_\_\_ Tel: \_\_\_\_\_

5) Brief description of services your company provides. Please be as specific as possible:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. ABOUT THE COMPANY:**

6) Date business was first established under the current ownership: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Company must have been in business for at least one year prior to application)

7) Type of Business (Check only one):

<input type="checkbox"/> Sole Proprietorship	Date Established: _____ / _____ / _____
<input type="checkbox"/> General Partnership	Date of Partnership: _____ / _____ / _____
<input type="checkbox"/> Limited Liability Partnership	Date of Partnership: _____ / _____ / _____
<input type="checkbox"/> Corporation	Date of Incorporation: _____ / _____ / _____
<input type="checkbox"/> Limited Liability Company (LLC)	Date of LLC: _____ / _____ / _____

8) Has your company changed ownership, officers or business structure since your most recent SCD Certification? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, please describe the changes in the space below:

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9) Has your company received a contract with the City of New Haven since your last certificate was issued? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, please list the Contract Name and Number, Originating Department, and Contract Value:

Contract Name	Contract #	Department	Value

10) Total Gross Receipts (or estimated) for the most recently completed calendar year:

\$ \_\_\_\_\_  
 (This figure must agree with the submitted Federal Tax Return or Accountant's Letter)

11) Please indicate your company's bonding capacity ( if applicable) : \$ \_\_\_\_\_  
 \_\_\_\_\_

12) Over the last two years what percent of work was commercial? \_\_\_\_\_

13) Indicate the dollar amount of the largest project your company has had in the past two years: \$ \_\_\_\_\_

14) Please list the licenses held and attach copies of all current licenses:

**Type of License**

**Expiration Date**

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15) Number of full time employees (not hired for individual jobs): \_\_\_\_\_

16) Indicate if your company is: Union \_\_\_\_\_ or Non-Union \_\_\_\_\_

**III. ABOUT THE OWNERSHIP:**

17) Identify the Principal(s) and/or Officer(s) of the company:

<u>Name(s) of Present Principals</u>	<u>Titles</u>	<u>% Ownership</u>
_____		
_____		
_____		

18) What percentage of the company's ownership is...

Female? \_\_\_\_\_%

African American? \_\_\_\_\_%

Hispanic American? \_\_\_\_\_%

19) Does any owner (or the company itself) have an ownership interest in any other business enterprise? Yes: \_\_\_\_\_ No: \_\_\_\_\_

*Please check "Yes" if any owner of the applying company has 20% or more interest in any other business enterprise.*

If yes:

a) Specify the name of each affiliate company and the percentage of the ownership interest (for the company or the individual) in each company:

<u>Company Name</u>	<u>Owner</u>	<u>Percentage</u>
_____		
_____		
_____		

b) Provide detailed descriptions of any and all involvement in each company:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c) Submit a Federal Tax Return for each affiliate company. (To be eligible as a SBE, the combined total gross receipts for all companies **cannot** exceed \$3,000,000)

**IV. MOST RECENT FOUR JOBS:**

Please describe the **last four (4) jobs** your company has completed (with the City of New Haven or otherwise) and return with your application. Thank you.

Your Company's Name \_\_\_\_\_

Today's Date \_\_\_\_\_

1. Project Name AND Owner: \_\_\_\_\_

Were you Prime or Sub? \_\_\_\_\_ Your Contract Value: \_\_\_\_\_

If sub, who was the prime? \_\_\_\_\_

Date & Location of Contract: \_\_\_\_\_

Scope of Your Work: \_\_\_\_\_

2. Project Name AND Owner: \_\_\_\_\_

Were you Prime or Sub? \_\_\_\_\_ Your Contract Value: \_\_\_\_\_

If sub, who was the prime? \_\_\_\_\_

Date & Location of Contract: \_\_\_\_\_

Scope of Your Work: \_\_\_\_\_

3. Project Name AND Owner: \_\_\_\_\_

Were you Prime or Sub? \_\_\_\_\_ Your Contract Value: \_\_\_\_\_

If sub, who was the prime? \_\_\_\_\_

Date & Location of Contract: \_\_\_\_\_

Scope of Your Work: \_\_\_\_\_

4. Project Name AND Owner: \_\_\_\_\_

Were you Prime or Sub? \_\_\_\_\_ Your Contract Value: \_\_\_\_\_

If sub, who was the prime? \_\_\_\_\_

Date & Location of Contract: \_\_\_\_\_

Scope of Your Work: \_\_\_\_\_

Please mark your major services by putting a 1, 2, 3 etc. in order of importance:

Services List Table
Services
Acoustical Ceilings
Alarm Systems
Aluminum Installation
Architect
Asbestos Abatement
Asbestos Consultant
Asbestos Inspection
Asphalt
Assembly of Furniture & Appliance
Audio-Visual Installation
Automatic Doors
Brick / Stone
Bridge & Road Work
Cabinets (Design or Installation)
Carpentry
Carpet
Casework
Catch Basin Cleaning
Caulking
Cement
Ceramic Tile
Cleaning Service
Commercial Construction
Concrete
Deconstruction
Decorating

Services List Table
Services
Demolition
Division 10
Drainage
Drilling
Drywall
Duct Equipment
Duct Work
Dumping
Electrical
Energy Audits
Environmental
EPM
Excavation
Fencing
Fiber Optic Cabling
Fire Alarm
Fire Sprinkler System
Fireproofing
Firewall
Flooring
Foundations
Framing
General Construction
General Contractor
Glass, Glazing & Windows
Guard Service
Gutters
Hauling
Hazardous Waste Mgt
Heating & Cooling

Services List Table
Services
Heavy Equipment
Highway Barriers
Home Improvement
HVAC
HVAC Balancing
Inspection Services
Insulation
Interior Design
Iron Works
Janitorial
Kitchen & Bathrooms
Land Clearing
Landscaping
Lawn Maintenance
Lead Abatement
Lead Inspector
Lighting
Lock & Safe Contractor
Locksmith
Marine Generators
Marine Service
Masonry
Mechanical Testing
Metal Fabricator
Millwork
Network Installation
OSHA Certification
Painting
Paperhanging

Services List Table
Services
Paving
Photography Construction
Pipe Installation
Piping
Plumbing
Portable Toilets
Property Management
Real Estate
Rebar
Recycling - Refuse
Refrigeration Equipment
Rehabilitation
Remodeling
Restoration
Roofing
Sanding
Scaffolding
Scrap Metal
Security System
Sewer & Septic
Sheet Metal
Sheet Rock
Shotblasting
Sidewalks & Curbs
Siding
Signage
Site Clean Up
Snow & Ice Removal
Solar Hot Water Installation
Solar Tech & Installations

<b>Services List Table</b>
<b>Services</b>
Steel Lockers
Structural Steel
Sub-Surface Investigation
Taping
Telecommunication s
Thermal Imaging
Tiling (Commercial)
Toilet & Fixtures Installation
Trash Hauling
Tree Services
Trenching
Trucking
Underwater Inspections
Utilities
Wallpaper
Waste Management
Waterproofing
Welding
Window Blinds
Window Treatments
Wiring
Woodwork
Yard Work

**V. OATH TO BE COMPLETED & SIGNED BY APPLICANT:**

**OATH**

I, \_\_\_\_\_ (*Principle's Name*), affirm to the best of my knowledge that the forgoing statements are true and correct, including all material information and documentation attached to this application and necessary to identify and explain the operations of (*Name of Company*) \_\_\_\_\_ and the ownership thereof. Further, the undersigned agrees to permit the audit and examination of books, records and files, to notify the Small Contractor Development Program of any significant change in the status of the business operation or management, and to permit on site visits as may be required. It is understood and agreed that the Small Contractor Development Program shall rescind the certificate of registration if false information is provided or misrepresentations are made in connection with this Application for Certification and that the Small Contractor Development Program shall report such action to the appropriate state authority and to the Office of the Connecticut Attorney General. I understand that a civil penalty not to exceed ten thousand dollars (\$10,000) may be imposed against the Company if it is found to have provided false or misleading information.

\_\_\_\_\_  
Signature of Principle/Owner

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**State of Connecticut )**

) **ss: New Haven** \_\_\_\_\_  
(Date)

**County of New Haven**

Personally, appeared \_\_\_\_\_ and made oath to the truth of the matters contained in this Application for Certification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Notary Public *or*  
Commissioner of Superior Court

*Seal may be placed here*



## RECERTIFICATION APPLICATION CHECKLIST:

Please complete all five sections of this application to the best of your ability. If you have questions about how to fill it out, please call 203-946-8577.

In addition, please enclose the following items with your application packet:

- Complete 2019 Federal Tax Return**
  - If your return is not yet available, we will accept a statement on your accountant's letterhead with your estimated gross receipts. A copy of the tax return must then be provided once it is available
  
- DAS (Department of Administrative Services) Supplier Diversity/Set-Aside Certification is required after the first year in the Small Construction Business Development Program
  - For more information contact the Department of Administrative Services at 860-713-5236
  
  - To start the application process go to [www.das.state.ct.us](http://www.das.state.ct.us); at the top click on *Administrative Services*; scroll down and click on *Supplier Diversity*; click on *SBE/MBE (Set-Aside) Certification/Recertification Application*
  
  - Provide a copy of the certificate or provide documentation showing that the DAS has received and is processing your application
  
- Your most recent annual report from the Office of the Secretary of State
  - For more information contact the Secretary of State's Office at 860-509-6003 or visit <http://www.concord-sots.ct.gov/CONCORD/>
  
- Updated copies of all trade/occupational licenses
  - For more information contact the Department of Consumer Protection at 800-842-2649
  
- Copy of owner's driver's license
  
- Copy of vehicle registration
  
- Copies of any documentation relating to ownership, address or other changes (if applicable)
  
- Sales & Use Tax Permit (only if it was renewed since your last SCD renewal)
  - For more information contact the Department of Revenue Services at 860-297-5962 or <http://www.ct.gov/drs/cwp/view.asp?a=1509&q=266240>
  
- Federal Tax Return for each affiliate company, if applicable (see page 4 for a definition)
  
- Notarized Oath (Page 7 of the application)
  
- Complete Form W-9 (Request for Taxpayer Identification Number and Certification)

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### MAILING INSTRUCTIONS:

Please mail application and all supporting documentation to:

**Small Contractor Development Program**  
**165 Church Street, 6<sup>th</sup> Floor**  
**New Haven, CT 06510**  
**Fax: 203-946-7808**  
**Email: [AKongBrown@newhavenct.gov](mailto:AKongBrown@newhavenct.gov)**