

East Bay Interagency Alliance (EBIA)

COMMON RECERTIFICATION APPLICATION

Alameda County – Alameda County Transportation Improvement Authority – City of Oakland – Port of Oakland

Re-Certification(s) Requested:

Submittal Date: _____

- Alameda County – No Supplemental Required
- Alameda County Transportation Commission – Complete [Supplemental B](#)
- City of Oakland – Complete [Supplemental C](#)
- Port of Oakland – No Supplemental Required
- All Agencies

The Common Recertification 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

Have there been any changes in the firm which would impact your current certification status? Yes ____ No ____ (If so please specify)	North American Industry Classifications (NAICS) List Codes Only	
What is the Primary Service of your business?		
Professional or Construction License Type	License No.	Expiration Date

Composition of Ownership:

Are you a publicly traded entity, a public school, or a government? Yes No

Are you a non-profit, or a church? Yes No

If "Yes" to one of the above, skip Ethnicity and Gender below. The Collection of ethnicity and gender data is for statistical and demographic purposes only. Please check the ONE most applicable in each category:

Ethnicity

- | | |
|--|---|
| <input type="checkbox"/> African American or Black (> 50%) | <input type="checkbox"/> Hispanic or Latino (> 50%) |
| <input type="checkbox"/> American Indian or Alaskan Native (> 50%) | <input type="checkbox"/> Native Hawaiian/Pacific Islander (> 50%) |
| <input type="checkbox"/> Asian (> 50%) | <input type="checkbox"/> Multi-ethnic minority ownership (> 50%) |
| <input type="checkbox"/> Caucasian or White (> 50%) | <input type="checkbox"/> Multi-ethnic ownership (50% Minority–50% Non-Minority) |
| <input type="checkbox"/> Filipino (> 50%) | <input type="checkbox"/> Decline to state |

Gender

- Female (> 50% Ownership) Male (> 50% Ownership) Nonbinary (> 50% Ownership) Decline to state

Gross receipts for the last two recent fiscal years. Please attach copies of appropriate tax returns.

Year Ended _____	Total Receipts _____
Year Ended _____	Total Receipts _____
Year Ended _____	Total Receipts _____

RENEWAL AFFIDAVIT: I declare, under penalty of perjury, that all of the foregoing statements are true and accurate in their representation of this firm. I also understand that The East Bay Interagency Alliance (EBIA) partner agencies have established a collaborative Certification Renewal Application to streamline the renewal process for local businesses working in Alameda County. The Renewal Application information will be shared between agencies but is NOT a reciprocal renewal. Other documents can and may be requested by each (any) of the EBIA agencies as necessary.

Print Name

Signature

Title (Principal/ CEO/ Officer/ Partner)