

BIRMINGHAM CONSTRUCTION INDUSTRY AUTHORITY

MBE/DBE COMPANY CAPABILITY PROFILE

Date Completed _____ MBE _____ DBE _____ Certified by: _____

COMPANY NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE: _____ FAX: _____ CELL: _____

EMAIL ADDRESS: _____

OWNER: _____

YEARS IN BUSINESS: _____ TYPE OF CONSTRUCTION: Commercial _____ Residential _____

PROPRIETORSHIP _____ PARTNERSHIP _____ JOINT VENTURE _____ CORPORATION _____

MAJOR EQUIPMENT OWNED

Quantity	Description
1.	_____
2.	_____
3.	_____
4.	_____

MAJOR EQUIPMENT LEASED

Description	Source of Lease
1.	_____
2.	_____
3.	_____
4.	_____

WORK SPECIALTY TRADE

1. _____

2. _____

3. _____

4. _____

GROSS INCOME LAST THREE YEARS

20____ \$ _____

20____ \$ _____

20____ \$ _____

KEY PERSONNEL

NAME	TITLE	YEARS EXPERIENCE
_____	_____	_____
_____	_____	_____
_____	_____	_____

BONDING YES _____ NO _____

Company Name: _____

Contact Name: _____

Bond Limit: _____

Telephone: _____

GENERAL LIABILITY YES _____ NO _____

Carrier: _____

Agent: _____

Amount: _____

Telephone: _____

WORKMAN'S COMPENSATION YES _____ NO _____

Carrier: _____

Address: _____

BANK INFORMATION

Name of Bank: _____

Bank Officer: _____

Telephone: _____

LINE OF CREDIT YES _____ NO _____

Bank Name: _____

Amount: \$ _____ Secured Line: \$ _____ Open Line: \$ _____

PERFORMANCE INFORMATION

1. Have you ever failed to complete a project? YES_____ NO_____

If yes, please explain: _____

2. Have you ever defaulted or failed to make payments for materials and/or labor?

YES_____ NO_____

If yes, please explain: _____

BCIA

AFFIDAVIT

I/We the undersigned do solemnly declare and affirm under the penalties of perjury that the foregoing statements and documents are true and correct and include all material information necessary to identify and explain the operation of

Name of Firm

as well as the ownership thereof.

Further, I/we the undersigned agree to provide directly to the Birmingham Construction Industry Authority current, complete and accurate information regarding actual work performed on any project, the payment there from and any proposed change, if any, and to permit the audit and examination of books, records and files of the named firm.

I/We understand that any material misrepresentation will be grounds for denial or revocation of certification, termination of any contract which may be awarded, and for initiation of action under Federal or State laws concerning false statements.

Signature _____

Name _____

Title _____

Date _____

Corporate Seal (where appropriate)

NOTARIZATION OF SIGNATURE:

State of _____ County of _____

On this _____ day of _____ 20_____

Before me appeared _____
who has proved to me based on satisfactory evidence that he/she was
properly authorized by _____ (Name of Firm)
to execute the affidavit and so as his/her act and deed.

Notary Public _____ Commission Expires _____