

## ATTACHMENT 1: APPLICATION AND CERTIFICATION TO MTA LIRR FOR CONTRACT \_\_\_\_\_

Legal Name of Applicant Firm:		
D.B.A. (if different from above):		
Address:	City:	State/Zip:
Business Phone:	Fax:	
( )	( )	
E-Mail:	Business Website:	
Employer Identification Number:	Owners Social Security Number (if no EIN):	
Contact Person & Title:	Contact Phone:	
Trade Description:		
Date Business was established:///		
Type of Business Entity (check one):		
☐ Corporation (indicate State of incorporation)		
☐ Partnership ☐ Sole Proprietorship		
☐ Joint Venture ☐ Other (Describe):		
Applicant Firm's principal place of business (location of the primary control, direction and management of the firm) is in the State of .		
Number of employees: None: Full-time	e: Part-time:	Contract: Total:
Is Applicant Firm listed in the New York State Empire State Development Division of Minority and Women's Business Development Directory or the New York State Office of General Services Division of Service-Disabled Veterans' Business Development Directory:  YES NO  If YES, check all certifications and listings that apply:  MBE WBE SDVOB		
Is Applicant Firm a New York "Small Business Concern", and does Applicant Firm meet all the requirements listed in the definition, below?   "Small Business Concern" is defined as a business which:  (a) is resident in New York State and pays NY State taxes;  (b) is independently owned and operated;		
(c) is not dominant in its field; and, (d) employs one hundred (100) or fewer persons.		
Are any products offered manufactured from recycled materials?   YES   NO		
Are any products offered remanufactured (restored to original performance standards and function)?   YES  NO		

## PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

The information you are providing on this application is requested pursuant to the New York State Public Authorities Law for the purposes of our determining your eligibility to contract with the MTA or an MTA operating agency, and administering MTA's business functions and other authorized activities and programs pursuant to federal, state or local law. Your failure to provide the information requested may, in the sole discretion of the MTA or the MTA operating agency, prevent your firm from contracting with the MTA or the agency. If your company is awarded a contract, the information will be kept in a file maintained by the MTA Department of Diversity and Civil Rights or other files, separately maintained under the authority of the Chief Diversity Officer.

## **CERTIFICATION OF APPLICANT FIRM**

I, (Full Printed Name), swear or affirm under penalty of law that I am (Title) of Applicant Firm (Legal Name of Applicant Firm) and that I have read and understood all of the questions in this application and that all of the foregoing information submitted in this application is true and correct to the best of my knowledge and information and that all responses to the questions are accurate and complete.
I recognize that the information submitted in this application is made for the purpose of inducing MTA ("The Authority") to award RFQ ("the Contract") to Applicant Firm. I authorize The Authority to contact any entity named in this application for the purpose of verifying the information supplied and determining the Applicant Firm's eligibility for award of the Contract and to conduct a background check to verify the information in the certification. I agree to provide written notice to The Authority of any material change in the information contained in this application within 30 calendar days of such change. I acknowledge and agree that any misrepresentations in this application or in records pertaining to the Contract will be grounds for terminating the Contract.
Executed this day of, 20,
By(Signature of Authorized Official of Applicant Firm)
(Printed Name and Title of Authorized Official of Applicant Firm)
Sworn to before me
thisday of
Notary Public