

**N.C. DEPARTMENT OF ADMINISTRATION
OFFICE FOR HISTORICALLY UNDERUTILIZED BUSINESSES**

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Website: <https://ncadmin.nc.gov/businesses/hub> ▪ Email Address: huboffice.doa@doa.nc.gov

NC HUB RECIPROCITY APPLICATION

You are using this reciprocity application because you are certified by one of the following certification entities listed below. To participate in the NC HUB Reciprocity Program, please follow the instructions below:

To get started, you must register your business electronically in the electronic Vendor Portal (eVP): <https://vendor.ncgov.com/vendor/login>, Click “Vendor Not Registered. Register Now” complete the registration process. In addition, you are required to submit the following documentation to the HUB Office within 30 days of your online request for certification.

Firm Name: _____ **Federal Tax ID** _____

Email Address: _____

Reciprocity applications are accepted from the following states only (circle your firm’s home state)

Georgia North Carolina South Carolina Tennessee Virginia

Indicate which certification(s) your firm holds:

State Certification Program Name: _____ **Expiration Date:** _____

US Small Business Administration

- 8(a) Business Development Program Expiration Date: _____
- Woman Owned Small Business Expiration Date: _____

US Department of Veteran’s Affairs

- Service-Disabled Veteran-Owned Small Business Expiration Date: _____
- National Minority Supplier/Development Council Certification** Expiration Date: _____
- Women’s Business Enterprise National Council** Expiration Date: _____

**Failure to submit the required documents within the specified time will result in an administrative withdrawal. All required documents must be addressed. (N/A’s will not be accepted)*

**If any of the documentation required does not pertain to you or your business, please provide an explanation at the time of submission on your company’s letterhead as to why the documentation requested does not pertain to you or your company.*

<input checked="" type="checkbox"/>	All Applicants are required to submit the following documents:
<input type="checkbox"/>	Approval letter from Federal and/or State certifying agency or any of the organizations mentioned above
<input type="checkbox"/>	Current Copy of proof of citizenship or Permanent Residence (Birth Certificate, Passport, Voter's Registration Card, Green Card, Military ID, or Driver's License.
<input type="checkbox"/>	Proof of Ethnicity based upon the ethnic groups identified in N.C.G.S. § 143-128.4 (b): Black, Hispanic, American Indian, or Asian American. Provide a copy of your Passport, Green Card, Birth Certificate, if none of these documents prove ethnicity, then complete a signed and notarized Ethnicity Affidavit .
<input type="checkbox"/>	Copies of signed lease for office space or a statement on company letterhead indicating location of business
<input type="checkbox"/>	Proof of disability, if applicable (Please provide a Disability Affidavit , note from your doctor or US Veterans Affairs disability determination letter)

I understand that the HUB Office may access all publicly available information in reviewing my firm's application.

Signature of Owner

Printed Name of Owner

Date

NOTE: TO AVOID DELAY IN PROCESSING YOUR CERTIFICATION, PLEASE CHECK YOUR APPLICATION, SUPPORTING DOCUMENTS TO ENSURE ALL REQUIRED INFORMATION IS INCLUDED AND REGISTER IN eVP <https://vendor.ncgov.com/vendor/login>, Click “Vendor Not Registered. Register Now”