## N.C. DEPARTMENT OF ADMINISTRATION

## OFFICE FOR HISTORICALLY UNDERUTILIZED BUSINESSES

1336 Mail Service Center, Raleigh, NC 27699-1336 • (919) 807-2330 • Fax (919)-807-2335

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): <a href="https://vendor.ncgov.com/vendor/login">https://vendor.ncgov.com/vendor/login</a>, 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:F		Federal Tax ID
F	Email Address:	_
	Neighboring States Small, Minority and Disadvantaged Busines	ss Programs:
	<ul> <li>□ Virginia - SWAM</li> <li>□ Georgia - M/WBE</li> <li>□ Tennessee - M/WBE</li> <li>□ South Carolina - SMBCC</li> </ul>	Expiration Date: Expiration Date: Expiration Date: Expiration Date:
	US Small Business Administration □ 8(a) Business Development Program □ Woman Owned Small Business	Expiration Date: Expiration Date:
	US Department of Veteran's Affairs  ☐ Service Disabled Veteran-Owned Small Business	Expiration Date:
	<ul><li>□ National Minority Supplier/Diversity Council Certification</li><li>□ Women's Business Enterprise National Council</li></ul>	Expiration Date: Expiration Date:
	If any of the documentation required does not pertain to you or your business, p ubmission on your company's letterhead as to why the documentation requested All Applicants are required to submit the following documents:	
)	Approval letter from Federal and/or State certifying agency or any of the organizations mentioned above	
3	Current Copy of proof of citizenship or Permanent Residence (Birth Certificate, Passport, Voter's Registration Card, Green Card, Military ID, or Driver's License.	
)	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 <a href="Ethnicity Affidavit">Ethnicity Affidavit</a> .	
]	Copies of signed lease for office space or a statement on company letterhead indicating location of business	
)	Proof of disability, if applicable (Please provide a <u>Disability Affidavit</u> , 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.		
S	Signature of Owner Printed Name of Ov	wner 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 <a href="https://vendor.ncgov.com/vendor/login">https://vendor.ncgov.com/vendor/login</a>, Click "Vendor Not Registered. Register Now"