



Port of Houston Authority Small Business Development Program Enrollment Form

I, _____,
(Name of Person completing Application, must be the Owner of an Officer of the Company)

hereby make application to the Port of Houston Authority for recognition of

(Name of Business and D/B/A if appropriate)

as a SBDP-Enrolled Small Business under the Port of Houston Authority's Small Business Development Program. I represent that I am the owner or duly authorized representative of the above named Business with full authority to make this Application.

Attached hereto is evidence of my certification from the indicated certifying agency: *(Please mark below which of the approved agencies is providing certification that Applicant is a Small Business. **Attach copy of certification.**)*

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> City of Houston | <input type="checkbox"/> Houston Minority Supplier Development Council | <input type="checkbox"/> HUB |
| <input type="checkbox"/> METRO | <input type="checkbox"/> Women's Business Enterprise Alliance | <input type="checkbox"/> TxDOT |
| <input type="checkbox"/> SBA(8a) | <input type="checkbox"/> SCTRCA | |

Is your business designated a City or Local Business under the Hire Houston First (HHF) Program? Yes ___ No ___

I have received, read, acknowledged, and will comply with the Port of Houston Authority's Small Business Development Program's Policy and Procedures. I represent that my Business meets the eligibility requirements for enrollment under the Small Business Development Program as defined in Section III, G of the Small Business Development Program's Policies and Procedures. Specifically, I represent that my Business is a Small Business with a Significant Local Presence as those terms are defined in the Port of Houston Authority's Small Business Development Program's Policy and Procedures. I further pledge to inform the Port of Houston Authority of any changes in the status of certification of my Business and of any other changes that might disqualify it as a SBDP- Enrolled Small Business.

This Application is executed to be an official government document, subject to the applicable laws of perjury.

Date: _____

Federal Tax ID: _____

NAICS Codes: _____

Telephone: _____

Fax: _____

Email: _____

Local Street Address: _____

Local City, State, Zip: _____

Printed Name _____

Signature: _____

Corporate mailing address, if applicable:

Definitions (taken from the Small Business Development Program's Policy and Procedures)

Small Business. A Small Business is a firm for which the gross revenues or number of employees over the past three years, including any affiliates as defined by 13 C.F.R. § 121.103, does not exceed the size standards as defined pursuant to 15 U.S.C. § 632 (formerly Section 3 of the Small Business Act), and 13 C.F.R. § 121.201, and for which the net worth of each owner does not exceed \$1.32 Million, excluding principal residence and the value of the small business.

Significant Local Presence. Pursuant to the Small Business Development Program's Policy and Procedures, a Small Business has a Significant Local Presence if it is located in one or more of the counties of Harris, Galveston, Fort Bend, Montgomery, Liberty, Waller, Chambers or Brazoria, Texas, with one or more of its employees regularly based therein. A location utilized solely as a post office box, mail box or telephone message center, or any combination thereof, with no substantial work function shall not be construed to be a significant local presence.