



Bonding Assistance Program “Company Profile”

Company Name: _____
 President/CEO Name: _____
 Company Address: _____
 City, State, Zip Code: _____
 Telephone No: _____
 Email Address: _____
 Contact Person's Name & Title: _____
 How long has the company been in business? _____

Are there other businesses operating under this name? _____

If yes, what type of business is it? _____

Primary Commodity/Service: _____

Are you a member of any of the following certification agencies or organizations? If so, please check the appropriate ones and list your expiration date.

Yes/No	Agency/Organization	Expiration Date
	NCTRCA	
	DFWMBDC	
	WBE Southwest	
	State of Texas HUB	
	Dallas Asian American Chamber of Commerce	
	Dallas Black Chamber of Commerce	
	Dallas Hispanic Chamber of Commerce	
	Asian American Contractors Association	
	Black Contractors Association	
	DFW Hispanic Contractors Association	

Are you registered on the DCCCD bidder's registration? ___ Yes ___ No

When did you first register on line with the District? _____

Have you received any contracts from District? ___ Yes ___ No

Business Type				
<input type="checkbox"/> Yes <input type="checkbox"/> No	51% Or More Of The Company Is Owned, Controlled And Operated By A U.S. Citizen(S) Who Is A Non-Minority Woman.			
<input type="checkbox"/> Yes <input type="checkbox"/> No	51% Or More Of The Company Is Owned, Controlled And Operated By A U.S. Citizen(S) Whose Ethnic Origin Is:			
	<input type="checkbox"/> AA – Native American; <input type="checkbox"/> AI – Asian Indian; <input type="checkbox"/> AP – Asian Pacific American; <input type="checkbox"/> BL – Black American;			
	<input type="checkbox"/> HI – Hispanic American; <input type="checkbox"/> WO – American Women (excludes AA, AI, AS, HI women)			
	And is: <input type="checkbox"/> M – Male; <input type="checkbox"/> F - Female			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Company Is Certified As Minority Or Woman Owned.	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;"> Certifying Agency <input type="checkbox"/> NCTRCA <input type="checkbox"/> State of Texas HUB <input type="checkbox"/> DFWMBC <input type="checkbox"/> Women's Business Council (Other: _____) </td> <td style="width: 40%;"></td> </tr> </table>	Certifying Agency <input type="checkbox"/> NCTRCA <input type="checkbox"/> State of Texas HUB <input type="checkbox"/> DFWMBC <input type="checkbox"/> Women's Business Council (Other: _____)	
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