

North Central Texas Regional Certification Agency
REQUEST FOR ADDITIONAL INFORMATION PARTNERSHIP
General Partnership (P)

Thank you for your cooperation. If you do not have or are unable to provide the required information / documentation requested, please explain.

Name of Company: _____ Date: _____

- ___ Proof of U.S. citizenship or permanent residency status (**U.S. Passport, U.S. Birth Certificate, Alien Resident (Green) Card**, etc.)
- ___ Proof of identity ethnicity / race /identity (**Driver's license, tribal card**, etc.) all owners and key personnel
- ___ Resumes (**No Bio's**) of owner(s) and key personnel to include current and previous work history
- ___ Copies of bank signature cards of all authorized signers on firm's accounts & all resolutions
- ___ Proof of capital contributions (**initial funds**) used out of pocket (**i.e., cancelled check, deposit slip, bank statement, receipts**, etc.) to get business started
- ___ Copies of arrangements, such as rental, etc. (**lease agreement for business address**) if homebased submit a copy of tax appraisal or mortgage statement
- ___ License of authorization to do business
- ___ Three client references (**name, title, company, contact information**) (**M/S/WBE**)
- ___ Current, plus two years business federal tax returns **or** IRS Transcripts (**all pages, all schedules, all workbooks**)
- ___ Current plus two years personal tax returns (all pages, all schedules, and all workbooks) (**DBE/SBE**)
- ___ W-2's or 1099's for current plus two years for all owner(s) and spouse(s)
- ___ Copy of Assumed Named Certificate (**dba**), with stamp approval date from the County Clerk's Office
- ___ Complete (**all pages**) signed and dated copy of firm's Partnership Agreement, (**explains company structure**)
- ___ Notarized Spousal Renouncement Agreement (**M/S/WBE**) required as part of firm's application (**Federal Regulations ACDBE/DBE 49 CFR Part 26.69 (i)(1)(2) and NCTRCA Policies & Procedures**)
- ___ Itemized list of equipment (**office & field**) used in the day-to-day operations to include the current market value
- ___ Copies of 2-3 executed contracts **or** invoices where services have been provided by firm
- ___ Signed and notarized Affidavit for each certification (**M/S/WBE**) request

If you respond with the information by **xx/xx/xxxx**, your firm can avoid becoming non-compliant for failure to cooperate fully and promptly in accordance with certification standards. If you have any questions, contact the NCTRCA at (817) 640-0606