



MIAMI-DADE EXPRESSWAY AUTHORITY
 3790 N.W. 21 St. Miami, FL 33142
www.mdxway.com

LOCAL BUSINESS CERTIFICATION APPLICATION

New Application

Renewal

In order to be certified by Miami-Dade Expressway Authority (“MDX”) as a Local Business pursuant to the Local Preference in Procurement Policy (copy may be found on www.mdxway.com), qualified firms (the “Applicant”) shall fill out this application and provide the required documentation as detailed herein. An original set of the completed application with required documentation shall be hand-delivered or mailed to the MDX Procurement Department at the MDX Headquarters Office located at 3790 Northwest 21st Street, Miami, Florida 33142. The certification process takes approximately fifteen (15) business days after receipt of the completed application and all required documentation. (Applications received within one (1) week of Proposal/Bid due dates with Local Preference provisions will not be processed in time for consideration for that specific procurement). In order to be recertified, the Applicant shall again submit this application and provide the required documentation as detailed herein. MDX reserves the right to request additional supporting documentation in order to verify the information submitted herein.

1. Basic Information of Applicant:

Name of Applicant Firm: _____

Applicant’s Main Office Address: _____

Length of Time at This Location: _____
 (The firm’s main office must be located in Miami-Dade County for a minimum of one (1) year)

Applicant FEIN: _____

Applicant Contact Person: _____

E-Mail Address: _____

Telephone #: _____ Facsimile #: _____

Business Structure: Corporation LLC Partnership Sole Proprietorship Other _____
 (Specify)

2. Applicant Firm Information:

Type of Services/Goods provided by Applicant: _____

Number of Employees*: Permanent /Full Time _____ Part Time _____ Temporary _____
 *to be considered an employee of the Applicant, employees shall be on Applicant’s payroll.

An employee list with the residence address for each employee shall be submitted with this application. Please refer to Section 4 below.

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3. Owners of the Applicant:

(The individuals who collectively own a minimum of sixty percent (60%) of the firm must reside in Miami-Dade County).

Name	Title	Residence Address	Length of Time at Residence Address	% of Ownership	Ethnicity/ Gender (Optional)

If additional space is needed to include all owners of the firm, please submit all of the above information on a separate page in this table format.

4. Required Documentation:

Along with this completed application, Applicant shall submit the following documentation:

- Copy of the driver's license of each Owner;
- Copy of Occupational License issued by either Miami-Dade County or a city and/or municipality located within the Miami-Dade County boundaries; and
- A list of employees shall be submitted with the employee's name and home address. The Applicant is responsible for the accuracy of the list, and a total of sixty percent (60%) of the Applicant's employees must reside in Miami-Dade County. An updated list shall be provided to MDX at the time of contract award if the award was made pursuant to the Local Preference in Procurement Policy.



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5. Affidavit:

Before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared _____, on this ____ day of _____, 20____, who being first duly sworn deposes and affirms that the information provided herein and attached hereto is true and correct to the best of his/her knowledge, information and belief.

 Signature of Applicant's Principal

 Signature of Notary Public – State of Florida

My Commission Expires: _____

MDX USE ONLY

Criteria #1 _____ % (Percentage of the firm's ownership that resides in Miami-Dade County)
 Criteria #2 _____ (Length of time firm's main office has been located in Miami-Dade County)
 Criteria #3 _____ % (Percentage of the firm's employees that are residing in Miami-Dade County)

Comments: _____

Reviewed and Processed by: _____

Print Name: _____

Title: _____

Approved Not Approved

By: _____
 Helen M. Cordero
 Manager of Procurement & Contracts Administration

Date: _____

CERTIFICATION #: ____ - ____ - ____ - ____