



CITY OF COLUMBIA

SUBCONTRACTING OUTREACH PROGRAM (SOP) SUBCONTRACTOR DIRECTORY APPLICATION (DBE-DVBE-OBE)

1

Please Print or Type

Legal Business Name:	<u>dba (if different):</u>
Business Address:	Mailing Address (if different):
Business Owner:	Contact Person (if different):
² Certification Status: (check all that apply): ___ DBE ___ DVBE ___ OBE	Business Phone:
³ Certification Number: _____	Mobile Phone:
⁴ Certification Entity (i.e. SBA, DOT, SC Governor's Office, etc.):	Business Fax:
	Business Email:
State Tax I.D. or Social Security No:	Trade Lines and/or Specialty Areas:

I certify with my signature below that all of the information provided above is true and accurate to the best of my knowledge:

Owner's Name _____ Signature _____ Date _____

Please submit the completed (original) document to:
City of Columbia
Department of Utilities & Engineering (Compliance Division)
1136 Washington Street, 5th Floor
Columbia, SC 29201
Tel: (803) 545-3950
Fax: (803) 545-4130
Email: evcassell@columbiasc.net

¹ Form created 09-29-11.

² Refer to SOP Guidelines and SBA for information on DBE-DVBE-OBE definitions.

³ OBE Contractors do not require Certification.

⁴ See Indicator # 8 in SOP Guidelines for agency information.