



APPLICATION FOR CERTIFICATE OF COMPETENCY

COC Case Number:

Instructions: The Certificate of Competency (COC) program allows a small business to appeal a contracting officer's determination that it lacks the responsibility necessary to perform a specific government procurement on which it is an apparent successful offeror. This form (SBA Form 1531) should be completed by a small business concern seeking a COC determination from SBA affirming that it is responsible to perform the specific procurement. The small business must complete questions 10-18 in Part I (**SBA will complete questions 1-9 and 19**), all questions in Parts II and III, and the certification in Part IV. The completed form must be submitted to an SBA Area Director serving your geographic area. For more information visit, <https://www.sba.gov/node/4808>

Basis of Referral:

Capacity

Credit

Other

Explain: _____

PART I

1. U.S. Small Business Administration (Office)

Procurement Designation _____

Solicitation Number _____

Set-Aside or Unrestricted

2. Next Apparent Successful Offeror-- Whether large or small business, price difference.

3. Name and Address of Contracting Agency

Contract Specialist _____

Phone Number _____

Email _____

Contracting Officer _____

Email _____

a. Quantity _____

b. Increase Option _____

c. Unit Price, if applicable _____

d. Total Offered Price _____

e. Progress Payments Available? _____

4. Name of Company, Address (Street, City State, ZIP Code)

Principal Company Officials (Attach Resumes)

Name

Title

5. Telephone No. (Include Area Code)

County:

Email Address:

Website:

6. Work Performance Location, if different from the above address (Street, City, State, ZIP Code)

Functions at Location

7. Telephone No. (Include Area Code)

County:

Contact Name:

Email:

8. Brief Description of Solicited Items or Services

9a. What are contract delivery and special provision requirements of contract?

9b. Was Pre-award Survey Conducted?

Yes

No

If yes, date of Pre-award Survey Performed _____

PART II

1. Name of Applicant _____

COC Case # _____

2. Type of Business (Check) Individual Ownership Partnership Corporation	Joint Venture Cooperative Other (Explain) _____	3. Date Business Was Established Month _____ Year _____
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FINANCIAL STATEMENT

A. THE FOLLOWING MUST BE FILLED OUT OR ITS EQUIVALENT ATTACHED

Balance Sheet As Of _____, _____, Fiscal Year Ends _____
 (Statement must be dated within 90 days of the filing of this application. Omit \$.00)

Audited _____ or _____ Unaudited _____ Prepared By: _____

ASSETS			LIABILITIES		
Cash on Hand and in Banks	\$	_____	Accounts Payable for Merchandise	\$	_____
*Notes Receivable		_____	Notes Payable - Payments Due Within One Year		_____
*Accounts Receivable (Trade)	\$	_____	To Banks		_____
Less Reserve for Doubtful Accounts		_____	For Merchandise		_____
Inventories (How valued - Cost or Market)		_____	To Officers, Directors and Stockholders		_____
Finished	\$	_____	To Others		_____
Stock in Process		_____	Mortgages Payable - Payments Due Within One Year		_____
Raw Material		_____	Contracts Payable - Payment Due Within One Year		_____
* Other Current Assets		_____	* Accounts Due Officers or Stockholders		_____
Total Current Assets		_____	Accounts and Notes Due Affiliates		_____
Cost		_____	Income Taxes		_____
Depr.		_____	Withholding and Other Taxes		_____
Land		_____	* Other Accruals		_____
Buildings		_____	* Other Current Liabilities		_____
Mach. & Equip.		_____	Total Current Liabilities	\$	_____
Furniture & Fixture		_____	Notes Payable - Payments Due After One Year		_____
Autos & Trucks		_____	Mortgages Payable - Payments Due After One Year		_____
Net Fixed Assets (Cost Less Depr.)	\$	_____	Contracts Payable - Payments Due After One Year		_____
* Due from Affiliates or Subsidiaries		_____	SBA Loan - Payments Due After One Year		_____
* Due from Officers, Directors, and Stockholders		_____	* Other Liabilities		_____
Life Insurance (Cash Surrender Value)		_____	Total Liabilities	\$	_____
* Other Assets		_____	Capital Stock Outstanding	\$	_____
		_____	Earned Surplus	\$	_____
		_____	Capital Surplus	\$	_____
		_____	Capital Account (If individual or partnership)		_____
Total Assets	\$	_____	Total Liabilities and Net Worth	\$	_____

* ITEMIZE ON A SEPARATE SHEET ALL ITEMS MARKED WITH AN ASTERISK.

Contingent Liabilities: Accounts or notes receivable discounted or sold with endorsement or guarantee and all other contingent liabilities, including terms of any leases, should be explained on a separate sheet. Also, describe any pending or imminent litigation, claims against U.S. Government or others. Give present status.

Aging	Accounts Receivable	Accounts Payable
Under 30 days	\$ _____	\$ _____
30 - 60 days	_____	_____
60 - 90 days	_____	_____
90 - 120 days	_____	_____
Over 120 days	_____	_____
Uncollectible	_____	_____
Totals	\$ _____	\$ _____

Contracts, Notes and Mortgages Payable:	Original Amt.	Present Balance	Rate of Interest	Maturity	Monthly Payment	Security
To Whom Payable	_____	_____	_____	_____	_____	_____

State Specific Sources for funds to finance this proposed contract:
 (Attach letters of credit and/or your personal financial statements, if necessary)

COMPARATIVE STATEMENTS OF SALES, PROFIT OR LOSS, ETC. Detailed Profit and Loss Statements Must Be Attached

If a Corporation, Use This Block:	Fiscal Year Ends (Give Date): MM/DD/YY			to date
Net Sales (Gross sales less returns and allowances)				
Depreciation				
Income Taxes				
Compensation of Officers (Included in expenses)				
Net Profit (After depreciation and Income Taxes)				
Dividends Paid				
If a Partnership or Proprietorship, Use This Block:				to date
Net Sales (Gross sales less returns and allowances)				
Depreciation				
Withdrawals (For Income Taxes)				
Personal Withdrawals by Owner or Partners				
Net Profit (After depreciation and withdrawals)				

B. MANAGEMENT

Information to be furnished as to each officer, partner, or owner of applicant

Name
% of Ownership
Net Worth Outside of Applicant

PART III AGREEMENT

In order to comply with the provisions of Section 13, 15 U.S.C 642 of the Small Business Act, the applicant does hereby certify to and agree as follows:

- A. In the event SBA issues the Certificate of Competency herein applied for, then for a period of two years from the date upon which such Certificate shall have been issued, the applicant and his subsidiaries and affiliates agree to refrain from employing, tendering any offer of employment to, or retaining for professional services, any person who, on such date, or within one year prior thereto, shall have served as an officer, attorney, agent, or employee of SBA occupying a position or engaging in activities which SBA shall have determined involve discretion with respect to the granting of assistance under the above Act
- B. The names of all attorneys, accountants, appraisers, engineers, consultants, agents, or other persons engaged by or on behalf of the applicant for the purpose of expediting this application or obtaining a Certificate of Competency and the fees and/or other compensation paid to any person, are as follows:

Name	Occupation	Address (Include Zip Code)	Compensation

- C. The names of any members of the National or District Small Business Advisory Council who have any direct or indirect financial interest whatsoever in the applicant (such interest to include any direct or indirect financial interest in any other business entity or enterprise which is, in any way, connected with the undersigned) are to the best of my knowledge, information, and belief as follows:

Name	Address (Include Zip Code)

- D. To notify SBA in writing within five (5) days of any changes in items B and C above.
- E. The applicant further agrees, in order to insure the continued recognition of the integrity of the SBA Certificate of Competency program if the Certificate of Competency herein applied for is issued, to permit authorized employees or representatives of SBA access to the applicant's financial, production, or other business records and to the applicant's facilities at all reasonable times during the performance of the contract described in item 8.
- F. Any documents that you provide as part of this request for a Certificate of Competency, including bid or proposal information or source selection information, are prohibited from being released prior to the award of a contract. See, FAR § 3.104-3. After award of a contract, all information and/or documents may be disclosed but will be protected to the fullest extent permitted by law, including the Privacy Act 5 U.S.C. § 552a and Freedom of Information Act, 5 U.S.C. § 552.

PART IV - Certifications

By signing below, I hereby certify that all statements and all other information set forth on this form, and in all exhibits and documents submitted with or in connection with this application are complete and accurate. I understand that the SBA is relying on the accuracy of this information in determining whether to issue the Certificate of Competency (COC) and that issuance of the COC can entitle me and/or my company to obtain future governmental payments or other benefits. **WARNING:** Any false information or misrepresentation regarding the accuracy and completeness of the information provided may result in criminal, civil and/or administrative sanctions including, but not limited to: 1) fines of up to \$500,000 and imprisonment of up to 10 years, or both, under 18 U.S.C. § 1001, as well as penalties under other criminal laws; 2) treble damages and civil penalties under the False Claims Act, 31 U.S.C. §§ 3729-3733; and 3) suspension and/or debarment from all Federal procurement and non-procurement transactions.

Date _____, _____
Signature _____

NOTE: Corporate applicants must execute application in corporate name, by duly authorized officer, and partnership applicants must execute application in firm name, together with signature of a general partner.

Section 16 of the Small Business Act, 15 U.S.C. 645, makes it a criminal offense punishable by fine of not more than \$500,000 or by imprisonment for not more than ten (10) years, or both, to make a statement knowing it to be false or make any misrepresentation to the Small Business Administration for the purpose of influencing in any way the action of the Administration.

According to the Paperwork Reduction Act you are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The number for this collection is 3245-0225. The estimated burden for completing this form, including time for reviewing instructions, gathering data needed, and completing and reviewing this form is 2 hours per response. Comments or questions on the burden estimates should be sent to U.S. Small Business Administration, Chief, Records Management Division, 409 3rd St., SW, Washington DC 20416 and/or SBA Desk officer, Office of Management and Budget, New Executive Office Bldg., Room 10202, Washington DC 20503 PLEASE DO NOT SUBMIT COMPLETED FORMS TO OMB