

East Bay Interagency Alliance (EBIA)

COMMON APPLICATION for LOCAL CERTIFICATION

Alameda County – Alameda County Transportation Commission – City of Oakland – Port of Oakland

Check Certifying Agency:

Submittal Date: _____

- Alameda County – No supplemental required
- Alameda County Transportation Commission – Complete [Supplemental B](#)
- City of Oakland – Complete [Supplemental C](#)
- Port of Oakland – Complete [Supplemental D](#)
- All the above

The Common Application is a sharing of information between agencies and NOT a reciprocal certification.

1) Contact Information

Legal Name of Entity		Contact Person (Name & Title)		
Street Address of Entity (No P.O. Box)				
City		State	Zip Code	County
Telephone () ()	Fax # () ()		Cell# () ()	
Email Address		Web Site		

2) Company Profile

Primary Service undertaken/offered:		Specialty Service undertaken/offered:		
Date Entity was established (mm/dd/yr)	Does the entity have one or more additional offices outside the city of Oakland, CA? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, list other location(s)		Date Oakland office was established (mm/dd/yr)	
Method of Acquisition <input type="checkbox"/> New <input type="checkbox"/> Merger or consolidation		<input type="checkbox"/> Purchased existing <input type="checkbox"/> Inherited		<input type="checkbox"/> Secured concession <input type="checkbox"/> Other (explain)
Federal ID Number:				
Has this entity operated under a different name during the past five years? <input type="checkbox"/>				
Type of Firm <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Publicly traded entity <input type="checkbox"/> Non-Profit or Church <input type="checkbox"/> Other _____		Ethnicity Group of owners(s) that own greater than 50% of the business. (for tracking purposes only) <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific /Hawaiian <input type="checkbox"/> Multi ethnic ownership <input type="checkbox"/> Asian Indian <input type="checkbox"/> Multi ethnic minority ownership <input type="checkbox"/> Caucasian <input type="checkbox"/> ownership <input type="checkbox"/> Filipino <input type="checkbox"/> Other _____		
		Gender (for tracking purposes only) <input type="checkbox"/> Male <input type="checkbox"/> Female		
Gross Receipts for the last three recent fiscal years: Please attach copies of appropriate tax returns: (e.g. Form 990, Form 1040, Form 1120, etc)				
Year Ended _____		Total Receipts \$ _____		
Year Ended _____		Total Receipts \$ _____		
Year Ended _____		Total Receipts \$ _____		

2) Company Profile: (Continue)

Number of Employees at the local office Permanent Full time _____	Temporary Full Time _____ Temporary Part Time _____	Seasonal Full Time _____ Seasonal Part Time _____
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