



*Success through Business Certifications*

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**RECOVERY SCHOOL DISTRICT OF NEW ORLEANS  
DISADVANTAGE BUSINESS ENTERPRISE (DBE) REGISTRATION APPLICATION**

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**DISADVANTAGED BUSINESS ENTERPRISE INFORMATION SHEET**

Thank you for your interest in Recovery School District (RSD) construction contracting opportunities. By submitting this form you are giving the RSD permission to share your company information with partnering agencies and affiliated contractors. Please note that submission of information does not guarantee a contract award. The purpose of this sheet is to keep you informed and obtain information regarding your company's capacity. Please be thorough and submit all of the supporting documentation requested. Without supporting documentation your company record with the RSD DBE Program will be incomplete. The RSD DBE Program may be reached at (504) 592-0808.

**(Please Print Clearly)**

Business Name: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Name of Business Owner: \_\_\_\_\_  
*(if different than above)*

Business Address: \_\_\_\_\_  
*Street City Zip Code*

Business Mailing Address: \_\_\_\_\_  
*(if different than above) Street/PO Box City Zip Code*

Office Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

Is your corporate office based in Louisiana?  Yes  No *(If not, where? \_\_\_\_\_)*

Business Type:  Sole Proprietorship  Partnership  Corporation  LLC  LLP  
 Joint Venture between \_\_\_\_\_  
*(Specify individual businesses joined)*

Are you authorized to transact business in Louisiana?  Yes  No  
Date Business Established: \_\_\_\_\_ Number of Regular Employees: \_\_\_\_\_

**NOTE: ONLY DBE VENDORS CERTIFIED THROUGH THE LOUISIANA UNIFIED CERTIFICATION PROGRAM (LAUCP) WILL COUNT TOWARDS RSD DBE PARTICIPATION GOALS. < <http://www8.dotd.louisiana.gov/ucp/>>**

Is your business certified/registered with the Louisiana Unified Certification Program?  Yes  No  
 Pending \_\_\_\_\_  
*(Specify date application submitted and certifying agency)*

Which of the following certifications do you have? *(Specify certifying agency, issue date, and expiration date. Attach copies of all certification documents and Contractor's License)*  No Certifications

DBE: \_\_\_\_\_ / \_\_\_\_\_  WBE: \_\_\_\_\_ / \_\_\_\_\_  
*Certifying Agency Issue Date/Exp Date Certifying Agency Issue Date/ Exp Date*

SLDBE: \_\_\_\_\_ / \_\_\_\_\_  MBE: \_\_\_\_\_ / \_\_\_\_\_  
*Certifying Agency Issue Date/Exp Date Certifying Agency Issue Date/Exp Date*

Do you have a **Louisiana State Contractor's License**  Yes/ Lic #: \_\_\_\_\_  No

Do you offer Workman's Compensation?  Yes (Specify Limit \_\_\_\_\_)  No

Do you have General Liability insurance?  Yes (Specify Limit \_\_\_\_\_)  No

What is your **bonding capacity**? \$ \_\_\_\_\_

What are your trade specialties, service(s) provided and/or product(s) supplied?

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**Please provide information regarding previous projects on which your business worked. Include references. You may use the space provided and/or attach additional documents if needed. If available, also attach a résumé for your business.**

**Project Name:** \_\_\_\_\_

**Project Location (include city and state):** \_\_\_\_\_

**Scope of Work Performed:** \_\_\_\_\_

**Dollar Value of Work Performed:** \_\_\_\_\_

**Project Completion Date:** \_\_\_\_\_

**Project Reference:** \_\_\_\_\_

Contact Name

Title

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Business Name

Business Location

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Phone Number

E-Mail Address

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**Project Name:** \_\_\_\_\_

**Project Location (include city and state):** \_\_\_\_\_

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**Project Completion Date:** \_\_\_\_\_

**Project Reference:** \_\_\_\_\_

Contact Name

Title

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Business Name

Business Location

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Phone Number

E-Mail Address

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**Please return the DBE Information Sheet and all requested supporting documents to the following:**

**ATTENTION RSD DBE PROGRAM**

**E-Mail:** [dbe@rsdla.net](mailto:dbe@rsdla.net)

**Fax:** (504) 592-0185

**Mailing Address:** Jacobs/CSRS Program Management

909 Poydras Street, Suite 1200

New Orleans, LA 70112