

CERTIFICATION APPLICATION

Department of General Services, Bureau of Minority and Women Business Opportunities
611 North Office Building, Harrisburg, PA 17125

PLEASE TYPE OR PRINT. ANSWER ALL QUESTIONS.

1a. Information on Applicant Business (one business per application only)

Legal name of firm: ALPHA OUTFITTERS, LLC
Headquarters address (cannot be a P.O. Box): 3327 WEST CARSON STREET
PITTSBURGH PA County ALLEGHENY Zip code: 15204-1350
Phone: 412-331-5990 FAX: 412-331-5999 E-mail address: emailphayoutfitters@yahoo.com
Federal Identification # (EIN or SSN) 20-8215221 Website address: _____
PA State Vendor Registration #, if registered 325411 in SRM (to register as a vendor go to www.vendorregistration.state.pa.us or call 1-866-775-2868)

1b. Information on Primary Owner of Business

Name: COLLEEN MOORE Title: PRESIDENT / SOLE MEMBER
Home address: _____
_____ Zip code: _____ Phone: _____

2. Firm is applying as (see Definitions):

<u>Minority Business Enterprise</u>		<u>Woman Business Enterprise</u>	
<input type="checkbox"/> African American	<input type="checkbox"/> African American	<input checked="" type="checkbox"/> White American	
<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Other	
<input type="checkbox"/> Native American	<input type="checkbox"/> Native American		
<input type="checkbox"/> Asian American	<input type="checkbox"/> Asian American		

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3. Firm's attorney or law firm (if any):

Name: NONE
Address: _____
_____ Zip code: _____
Phone: _____ FAX: _____ E-mail: _____

4. Describe, in detail, what product(s) and/or services your firm provides. Attach additional pages and/or the company's catalog or inventory list, if needed.

INSTALLATION & MAINTENANCE OF SAFETY EQUIPMENT IN PUBLIC SAFETY VEHICLES. (POLICE, FIRE, EMS, PUBLIC WORKS)

5. Legal structure of the firm (check one):

Sole proprietorship
 Partnership
 Corporation
 LLC SINGLE MEMBER
 S Corporation
 Other (explain): _____

6. Type of business activity (suppliers must provide manufacturers' resale agreements):

- Building trade
- Consultant
- Generalized service
- Licensed professional services
- Manufacturer
- Supplier - stocking (attach summary of items stocked)
- Supplier - nonstocking
- Other (explain): INSTALLATION & MAINTENANCE OF SAFETY EQUIPMENT IN PUBLIC SAFETY VEHICLES

7. Date firm was established: 10/2/2006

Date firm began doing business (date of first contract or sale): 10/1/2007

Name of primary owner when firm was established LOIS KOLARIK

8. Date current primary owner acquired controlling interest in firm: 10/23/2007

9. Date incorporated, if firm is a corporation: 7/18/2006 *

10. Dates of corporation amendments, if firm is a corporation: 10/2/2006 / / ; / /

11. Number of employees (Important: read Instructions): **

Full time: 2

Part time: _____

Seasonal (approximate): _____

12. Provide the following information for: 1) all business owners, 2) corporate directors (if incorporated), 3) officers, and 4) senior management. If more space is needed, attach additional pages.

Name	Address	SSN	Position in Firm	Minority or Woman?	Dates Employed
COLLEEN MOORE	[REDACTED]	[REDACTED]	OWNER	WOMAN	

13. If any of the persons listed in question 12, above, are affiliated with other firms, provide these details:

Name	Name of Other Firm	Type of Affiliation (employee, owner, etc.)	# Hours Devoted to Other Firm
NONE			

14a. Has the firm issued any shares of stock? If yes, please complete the following: N/A

The company has issued _____ shares of stock, of which _____ shares are common stock and _____ are preferred stock.

* FIRM IS NOT A CORPORATION
 ** NAME CHANGE AMENDMENT

14b. Shareholder information, if incorporated. Include all shareholders. Attach additional pages if needed. *N/A*

Stock Owner's Name	Date of Ownership	SSN	Minority or Woman?	Position in Firm	Class of Stock	# Shares Held (currently)	Value of Stock (currently)

15. Loans and gifts to firm. Attach additional sheets, if needed. *N/A*

Date of Loan or Gift	Name of Lender/Giftor	Amount Loaned or Given	Balance Due (if a loan)	Name of Executor (if a loan)

16. Identify the firm's current bonding company, bank, and all letters of credit:

Bonding company: *N/A*
 Bank: [REDACTED]
 Letters of credit: *N/A*

17a. List name and title of person(s) who determines what jobs the company will undertake? If more than one, indicate what % each person handles.

COLLEEN MOORE 100%

17b. List name and title of person(s) responsible for on-site project supervision. If more than one, indicate what % each person handles.

COLLEEN MOORE 100%

17c. List name and title of person(s) who negotiates and signs for surety bonds, payroll, and insurance? If more than one, indicate what % each person handles.

Bonds: *COLLEEN MOORE 100%*

Payroll: *COLLEEN MOORE 100%*

Insurance: *COLLEEN MOORE 100%*

17d. List names and titles of persons who perform the following functions. If more than one, indicate what % each person handles.

Estimating: COLLEEN MOORE 100%
Marketing & sales: COLLEEN MOORE 100%
Hiring/firing: COLLEEN MOORE 100%
Purchase of major items: COLLEEN MOORE 100%

18. If the firm is owned in full or part by another company, provide the name of that company, the percentage of ownership, its headquarters address, a list of its officers, and a list of other companies it owns.

N/A

19. Have the owners ever been convicted of a crime? No; ___ Yes.

If yes, are they currently incarcerated? No; ___ Yes.

20. Are there any legal documents in which the owners have transferred their power to someone else (e.g. power of attorney, trusts, etc.)? No; ___ Yes.

If yes, please provide a copy of these signed agreements.

21. List the three largest contracts or sales completed by the firm during the last three years. List each customer's name and company or organization, the dollar amount of each contract or sale, and the date completed. If any are subcontracts, provide the name of the firm to which you subcontracted.

1) CITY OF PITTSBURGH	MONTHLY MAINTENANCE	148,920	ANNUAL
2) CITY OF PGH	FIRE DEPT MDT MOUNTS	9,000	UNTIL 2010 12/2008
3) CITY OF PGH	HOUSING AUTHORITY RETROFITTING VEHICLES	18,000	4/2008

22. Does the firm own any major equipment (check one)? No; ___ Yes

If yes, list major equipment owned by the firm and the quantity. It is not necessary to list standard office equipment. Attach additional sheets, if necessary.

23. Are there any written, oral, or implied agreements between persons associated in any manner with the firm concerning its ownership and/or operation (check one)? No; ___ Yes

If yes, provide copies or written details of such agreements.

24. Does firm have a 2-year business plan (check one)? No; ___ Yes.

If yes, attach a copy to application. (See Instructions.)

24. Has this firm or other firm(s) owned by any of its current owners or officers ever been denied certification by the Bureau or any other certifying entity (check one)? No; Yes

If yes, provide the name of the certifying organization and the reason(s) given for denial, below. Attach copies of any relevant documents (letters, appeal documents, etc.).

25. Debarment

Is this company, or any other company owned in full or part by any of this company's owners and/or officers, currently debarred from doing business with the Commonwealth. No; Yes.

26. Where did you learn about Commonwealth of PA Certification?

- Check one:
- I attended a BMWBO workshop or event
 - I heard BMWBO staff speak at an event sponsored by another organization
 - I met BMWBO staff at a trade show or expo
 - I visited BMWBO's website
 - I read materials published by BMWBO
 - I was referred by another organization
 - I was referred by the owner of an MBE or WBE
 - Other. Please explain briefly: _____

OPTIONAL QUESTIONS

You are not required to answer the following questions and the answers will not affect your company's eligibility for certification. However, the answers will help BMWBO to identify business opportunities that may be suited to your company. Answers may be estimated; exact figures aren't necessary.

For All Companies

How many years has your company been conducting business with you as owner? ____

How many contracts, subcontracts, and/or sales has your company completed during the last 12 months? _____

What is the largest contract, subcontract, or sale your company completed in the past 24 months? \$ _____

Approximately what are your total gross receipts for the last calendar year? \$ _____

Has your company done any business with government? yes; no
If yes, what level of government (check all that apply): Federal; State; Local
Number of government contracts, subcontracts, or sales completed (estimate): _____

For Construction-Related Companies Only (not including suppliers of construction materials)

What is your company's bonding capacity? \$ _____ (indicate "unknown" if you do not know)
What % of your business is direct contracting? _____ %
What % of your business is subcontracting? _____ %

The undersigned acknowledges that all submitted documents become the property of the Commonwealth of Pennsylvania.

Further, the undersigned does hereby swear and affirm that he/she is a legal citizen of the United States and that the foregoing statements are true, accurate and include all pertinent information necessary to identify and explain the operations of [name of firm]

ALPHA OUTFITTERS, LLC

Further, the undersigned does covenant and agree to provide the Pennsylvania Department of General Services information regarding actual work performed on Commonwealth of Pennsylvania contracts, the payment thereof, and any proposed changes in any of the arrangements hereinabove stated.

The undersigned shall permit an audit, which may include interview of principals, employees, and officers, and the examination of books, records and files of [name of firm] ALPHA OUTFITTERS, LLC by authorized representatives of the Pennsylvania Department of General Services AT ANY TIME. Further, the undersigned hereby certifies that their tax records may be released by the Department of Revenue.

Any distortion, false statement, or nondisclosure of information will be deemed by the Department to be a material misrepresentation. A misrepresentation may be punishable under Section 4904 of Title 18 P.S.C.A., which specifically provides that a person commits a misdemeanor of the third degree if he makes a written false statement, which he does not believe to be true, on or pursuant to a form bearing notice authorized to the effect that false statements made therein are punishable.

In addition, Pennsylvania Act 230, Section 1, Title 18 provides that it is a third degree felony punishable by up to and not more than seven years in jail, and including a fine of not more than \$15,000 if, in the course of business, he/she fraudulently obtains or retains certification, willfully makes a false statement, willfully obstructs or impedes any agency official or employee during an investigation, or fraudulently obtains public monies.

Colleen Moore
SIGNATURE OF AFFIANT DATE

COLLEEN MOORE
PRINTED NAME

OWNER
TITLE

Lois Ann Kolarik
NOTARY PUBLIC

Sworn and subscribed before me this 30th
day of October 2008

My Commission Expires: July 30, 2010

