



Environmental Protection Agency

OMB Control No: _____ Approved: _____ Approval Expires: _____

EPA DBE Certification Application
For a Minority Business Enterprise (MBE)/Women-owned Business Enterprise (WBE)
Under EPA's Disadvantaged Business Enterprise (DBE) Program

Alaska Native Corporation (ANC) Owned Concern

Name of Alaska Native Corporation (ANC): _____

Address of ANC: _____

Name of President/CEO: _____

EIN: _____ E-mail Address: _____

Business Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Mailing Address (if different than above): _____ County: _____

City: _____ State: _____ Zip Code: _____

What is the firm's 4-digit primary North American Industrial Classification (NAIC) code?

Is your firm certified by the Small Business Administration under its 8(a) Business Development Program? Yes No. If yes, provide *Pro-Net* number: _____

Is your firm certified by the Small Business Administration under its Small Disadvantaged Business (SDB) Program? Yes No. If yes, provide *Pro-Net* number: _____

Is your firm certified as a DBE by a U.S. Department of Transportation recipient? Yes No. If yes, provide State(s) and ID number(s): _____

Is your firm certified by a State government, local government, Indian tribal government, or independent private organization? Yes No. If yes, provide ID number and the certifying entity: _____

Has your firm ever been denied certification by a Federal agency, State government, local government, Indian tribal government, or independent private organization? Yes No. If yes, provide explanation/ documentation: _____

Do you have any other certification as a disadvantaged business entity, i.e., MBE, DBE, WBE, etc?
 Yes No. If yes, provide State(s) and ID number(s): _____

Is the applicant ANC business corporation a for profit corporation? Yes No.

Business Eligibility

SECTION A

Social Disadvantage

1. An Alaska Native Corporation that that meets the following criteria is considered socially disadvantaged:

Alaska Native Corporation or ANC means any Regional Corporation, Village Corporation, Urban Corporation, or Group Corporation organized under the laws of the State of Alaska in accordance with the Alaska Native Claims Settlement Act, as amended (43 U.S.C. 1601, *et seq.*).

Provide documentation that the applicant entity meets these criteria as Attachment A-1.

SECTION B

Economic Disadvantage

1. Do Alaska Natives and descendants of Natives own a majority of both the total equity of the ANC and the total voting powers to elect directors of the ANC through their holdings of settlement common stock? ___ Yes ___ No. If yes, provide verification of the percentage of Alaska Native ownership as attachment B-1.

SECTION C

Ownership

1. Does the ANC and holders of its settlement common stock own at least 51% interest in the ANC? Please provide documentation as attachment C-1.
2. If more than one class of stock, provide information for each class:

	Voting	Non- Voting	Total
a) Total number of shares authorized:	_____	_____	_____
b) Total number of shares currently outstanding:	_____	_____	_____

3. List all entities, individuals, and/or trusts that have an ownership interest in the applicant firm.

Name	Title	Ownership		Percent Total
		Voting	Non-voting	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Have there been any changes in ownership in the last year? ___ Yes ___ No. If yes, did ownership affect the disadvantaged status of your firm? Please explain as Attachment C-2.

SECTION D

Control and Management

1. Are the management and daily business operations of the applicant firm controlled by the ANC through one or more disadvantaged individual members who possess sufficient management experience of an extent and complexity to run the concern? ___ Yes ___ No. If yes, provide documentation to verify tribal membership and management competency as Attachment D-1.
2. Are members of the management team, business committee members, officers, and directors engaged in any outside employment or other business interests which conflict with the management of the applicant firm? ___ Yes ___ No.
3. List the titles of all officers, directors, management members, partners and key managers and the hours devoted, by such individual(s) to the management of the applicant firm.

Name	Title	Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. List the names of all individuals who have access to the firm's bank account.

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____

Each person signing below:

- 1. Certifies that the applicant firm is at least 51% owned and controlled by an Alaska Native Corporation (ANC).**
- 2. Certifies that the information provided with regard to the applicant firm's economic disadvantaged status is true, accurate, and complete to the best of his/her knowledge and belief.**
- 3. Certifies that the information provided with regard to the applicant firm's ownership and control status is true, accurate, and complete to the best of his/her knowledge and belief.**
- 4. Certifies that the information provided, including that shown on documents accompanying this application, is true, accurate, and complete to the best of his/her knowledge and belief.**
- 5. Acknowledges that EPA, at its discretion, may give the information submitted to Federal, state and local agencies to determine violations of law.**
- 6. Acknowledges that EPA's approval of an application does not affect the Government's right to pursue criminal prosecution for incorrect or incomplete information given on the application form, even if correct information has been included in other materials submitted to EPA.**

Name	SSN	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The public reporting and recordkeeping burden for this collection of information is estimated to average three (3) hours. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed EPA DBE Certification Form to this address.