



U.S. DEPARTMENT OF TRANSPORTATION

UNIFORM CERTIFICATION APPLICATION

DISADVANTAGED BUSINESS ENTERPRISE / AIRPORT CONCESSION DISADVANTAGED BUSINESS ENTERPRISE

49 C.F.R. PARTS 23 and 26

Send Application To:

[UCP PARTICIPATING MEMBER]

[Address]

[Phone:] [Fax]

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

In collecting the information requested by this form, the Department of Transportation (Department) complies with the provisions of the Federal Freedom of Information and Privacy Acts (5 U.S.C. 552 and 552a). The Privacy Act provides comprehensive protections for your personal information. This includes how information is collected, used, disclosed, stored, and discarded. Your information will not be disclosed to third parties without your consent. The information collected will be used solely to determine your firm's eligibility to participate in the Department's Disadvantaged Business Enterprise Program as defined in 49 CFR section 26.5 and the Airport Concession Disadvantaged Business Enterprise Program as defined in 49 CFR section 23.3. You may review DOT's complete Privacy Act Statement in the Federal Register published on April 11, 2000 (65 FR 19477).



Roadmap for Applicants

1. Should I apply?

You may be eligible to participate in the DBE/ACDBE program if you answer "Yes" to the following:

- Is your firm organized as a for-profit business that performs or seeks to perform transportation related work for a recipient of Federal Transit Administration, Federal Highway Administration, or Federal Aviation Administration funds?
- Is your firm at least 51% owned by a socially and economically disadvantaged individual(s) who also controls the firm?
- Is the disadvantaged owner a U.S. citizen or lawfully admitted permanent resident of the U.S.?
- Is your firm a small business that meets the Small Business Administration's (SBA's) size standard and does not exceed \$22.41 million in gross annual receipts for DBE (\$52.47 million for ACDBEs)? (Note, other size standards apply ACDBE applications from banks/financial institutions, car rental companies, pay telephone firms, and automobile dealers.)

2. How do I apply?

You must complete and submit this certification application and related material to an agency in your home state; and second participate in an on-site interview conducted by that agency. The attached document checklist can help you locate the items you need to submit to the agency with your completed application. If you fail to submit the required documents, your application may be delayed and/or denied.

3. Who will contact me about my application and what are the eligibility standards?

The DBE and ACDBE Programs require that all U.S. DOT recipients of federal assistance must participate in a statewide Unified Certification Program (UCP). The UCP is a one-stop certification procedure that eliminates the need for your firm to obtain certification from multiple agencies within the state. The UCP is responsible for certifying firms and maintaining a database of certified DBEs and ACDBEs for DOT grantees, pursuant to the eligibility standards found in 49 CFR Parts 23 and 26.

4. Where can I find more information?

U.S. DOT—<http://www.osdbu.dot.gov/DBEProgram/index.cfm> (This site provides useful links to the rules and regulations governing the DBE/ACDBE programs, questions and answers, and other pertinent information)

<http://www.census.gov/eos/www/naics/> (provides a listing of NAICS codes) and
<http://www.sba.gov/content/table-small-business-size-standards> (SBA has established a Table of Small Business Size Standards that is matched to the North American Industry Classification System (NAICS) for industries provides a listing of NAICS codes and size standards)

Under 49 CFR §26.107, dated February 2, 1999, if at any time, the Department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Department may initiate suspension or debarment proceedings against the person or firm under 49 CFR Part 29, Governmentwide Debarment and Suspension (nonprocurement) and Governmentwide Requirements for Drug-free Workplace (grants), take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.



INSTRUCTIONS FOR COMPLETING THE DISADVANTAGED BUSINESS ENTERPRISE AIRPORT CONCESSIONS DISADVANTAGED BUSINESS ENTERPRISE UNIFORM CERTIFICATION APPLICATION

NOTE: If you require additional space for any question in this application, please attach additional sheets or copies as needed, taking care to indicate on each attached sheet/copy the section and number of this application to which it refers.

Section 1: CERTIFICATION INFORMATION

A. Basic Contact Information

- (1) State the contact person and title of the person completing this application and the person who will serve as your firm's primary contact for this application.
- (2) State the legal name of your firm, as indicated in your firm's Articles of Incorporation or charter.
- (3) State the primary phone number of your firm.
- (4) State a secondary phone number, if any.
- (5) State your firm's fax number, if any.
- (6) State the contact person's email address.
- (7) State your firm's website address, if any.
- (8) State the street address of your firm (i.e. the physical location of its offices—not a post office box address).
- (9) State the mailing address of your firm, if it is different from your firm's street address. Check the box if this is homes based business and identify who holds title to the property.

B. Prior/Other Certifications and Applications

(10) Check the appropriate box indicating for which program your firm is currently certified. If you are already certified as a DBE/ACDBE, indicate in the appropriate box the name of the certifying agency that certified your firm, and also indicate whether your firm has undergone an onsite visit. If your firm has already undergone an onsite visit/review, indicate the dates of the review(s) and the state UCP(s) that conducted the review.

(11) Indicate whether your firm or any of the persons listed has ever been denied certification as a DBE, 8(a), or SDB firm, or state and local MBE/WBE firm. Indicate if the firm has ever been decertified from one of these programs. Indicate if the application was withdrawn or whether the firm was debarred, suspended, or otherwise had its bidding privileges denied or restricted by any state or local agency, or Federal entity. If your answer is yes, identify the name of the agency, and explain fully the nature of the action in the space provided. Indicate if you have ever appealed this decision to the Department and if so, attach a copy of USDOT's final agency decision(s).

Section 2: GENERAL INFORMATION

A. Business profile:

- (1) Give a concise description of the firm's primary activities, the product(s) or services the company provides, or type of construction. If your company offers more than one product/service, list primary product or service first. Use additional paper if necessary. This description may be used in our database and the UCP online directory if you are certified as a DBE.
- (2) Identify the appropriate NAICS Code for the line(s) of work you identified in your business profile.
- (3) State the date on which your firm was officially established as stated in your firm's Articles of Incorporation or charter.
- (4) State the date on which you and/or each other owner took ownership of the firm.
- (5) Check the appropriate box that describes the manner in which you and each other owner acquired ownership of your firm. If you checked "Other," explain in the space provided.
- (6) Check the appropriate box that indicates whether your firm is "for profit." **NOTE:** If you checked "No," then you do NOT qualify for the DBE/ACDBE program and should not complete the rest of this application. All participating firms must be for-profit enterprises. If the firm is a for profit enterprise, provide the Federal Tax ID number as stated on your firm's filed tax returns, if you have one. This could also be the Social Security number of the owner of your firm.
- (7) Check the appropriate box that describes the legal form of ownership of your firm, as indicated in your firm's Articles of Incorporation or similar document. If you checked "Other," briefly explain in the space provided.
- (8) Check the appropriate box that indicates whether your firm has ever existed under different ownership, a different type of ownership, or a different name. If you checked "Yes," explain the circumstances in the space provided.
- (9) Indicate in the spaces provided how many employees your firm has, specifying the number of employees who work on a full-time, part-time, and seasonal basis. Attach a list of employees, their job titles, and dates of employment, to your application.
- (10) Specify the total gross receipts of your firm for each of the past three years, as declared in your firm's filed tax returns. You must submit complete copies of the firm's State and Federal tax returns for each year

and audited financial statements (if available). If there are any affiliates or subsidiaries of the applicant firm or owners, you must submit complete copies of these firm(s) state and federal tax returns. Affiliation is defined in 49 CFR §26.5 and 13 CFR part 121.

B. Relationships and Dealings with Other Businesses

- (1) Check the appropriate box that indicates whether your firm is co-located at any of its business locations, or whether your firm shares a telephone number(s), a post office box, any office space, a yard, warehouse, other facilities, any equipment, financing, or any office staff and/or employees with any other business, organization or entity of any kind. If you answered "Yes," then specify the name of the other firm(s) and fully explain the nature of your relationship with these other businesses by identifying the business or person with whom you have any formal, informal, written, or oral agreement. Provide an explanation of any items shared with other firms in the space provided.
- (2) Check the appropriate box indicating whether any other firm currently has or had an ownership interest in your firm at present or at any time in the past.
- (3) Check the appropriate box that indicates whether at present or at any time in the past your firm:
 - (a) has been a subsidiary of any other firm;
 - (b) existed as a partnership in which one or more of the partners are/were other firms;
 - (c) has owned any percentage of any other firm; and
 - (d) has had any subsidiaries of its own.
- (e) has served as a subcontractor with another firm constituting more than 25% of your firm's receipts?

If you answered "Yes" to any of the questions in (3)(a-e), describe the subsidiaries, partnership interests or other arrangements. In addition, explain whether these relationships are continuing today, or if not, when they ended.

C. Immediate Family Member, Manager, or Employee Businesses

Check the appropriate to indicate whether any of your immediate family members, managers, or employees, own, manage, or are associated with another company. An "immediate family member" is any person who is your father, mother, husband, wife, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, mother-in-law, or father-in-law. If you answered "Yes," provide the name of each person, your relationship to them, the name of the company they own or manage the type of business, and whether they own or manage the company.

Section 3: OWNER INFORMATION

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below (if your firm has more than one owner,

provide completed copies of this section for each additional owner):

A. Background Information

- (1) Give the name of the owner.
- (2) State his/her title or position within your firm.
- (3) Give his/her home phone number.
- (4) State his/her home (street) address.
- (5) Indicate this owner's gender.
- (6) Identify the owner's ethnic group membership. If you checked "Other," specify this owner's ethnic group/identity not otherwise listed.
- (7) Check the appropriate box to indicate whether this owner is a U.S. citizen. If this owner is not a U.S. citizen, check the appropriate box that indicates whether this owner is a lawfully admitted permanent resident. If this owner is neither a U.S. citizen nor a lawfully admitted permanent resident of the U.S., then this owner is NOT eligible for certification as a DBE owner. This, however, does not necessarily disqualify your firm altogether from the DBE program if another owner is a U.S. citizen or lawfully admitted permanent resident and meets the program's other qualifying requirements.
- (8) (a)(i) State the personal net worth of each owner claiming to be socially and economically disadvantaged applying for DBE qualification. (Each owner claiming disadvantaged status must submit a separate statement. (ii) State whether a trust has been created for the benefit of this owner. If you answered "Yes," briefly explain the nature, history, purpose, and current value of the trust(s). **NOTE: You only need to complete this section for each owner that is applying for DBE qualification (i.e., for each owner who is claiming to be "socially and economically disadvantaged" and whose ownership interest is to be counted toward the control and 51% ownership requirements of the DBE program)** Use the PNW form at the end of this application to compute each disadvantaged owner's PNW.

B. Ownership Interest

- (1) State the number of years during which this owner has been an owner of your firm.
- (2) Indicate the dollar value of this owner's initial investment to acquire an ownership interest in your firm, broken down by cash, real estate, equipment, and/or other investment. Describe how you acquired the shares. Attach documentation substantiating this investment.
- (3) Indicate the number, percentage of the total, class, date acquired, of stock acquired by the owner.
- (4) Describe the familial relationship of this owner to each other owner of your firm and employees.
- (5) Check the appropriate box that indicates whether this owner performs a management or supervisory function for any other business. If you checked "Yes," state the name of the other business and this owner's title or function held in that business.

(6) (a) Check the appropriate box that indicates whether this owner owns or works for any other firm(s) that has any relationship with your firm. If you checked "Yes," identify the name of the other business, the nature of the business relationship, and the function at the firm.

(b) If the owner works for any other firm, non-profit organization, or is engaged in any other activity more than 10 hours per week, please identify this activity.

Section 4: CONTROL

A. Identify the firm's Officers and Board of Directors

(1) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each officer of your firm.

(2) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each individual serving on your firm's Board of Directors.

(3) Check the appropriate box to indicate whether any of your firm's officers and/or directors listed above performs a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.

(4) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the individual's name, and the nature of his/her business relationship with that other firm.

(5) Check the appropriate box to that indicates whether the applicant business and/or owner is involved in any present or pending litigation or administrative proceedings. If you answered "Yes," provide details of the litigation or administrative proceedings.

B. Duties of Owners, Officers, Directors, Managers, and Key Personnel

In the chart provided, specify the roles of the majority and minority owners, directors, officers, and managers, and key personnel who perform significant functions for the business. Make enough copies of this form to provide information on each and every person. Submit résumés for each owner and non-owner identified below. State the name of the individual, title, race, percentage of the firm that they own, gender, salary and benefits.

Circle the frequency of each person's involvement as follows: "always, frequently, seldom, or never"

(1) Setting policy for company direction/scope, or financial decisions.

(2) Bidding and estimating including calculation of cost estimates, bid preparation and submission;

(3) Making purchasing decisions

(4) Marketing and sales

(5) Supervising field operations

(6) Attending bid openings and lettings

(7) Perform office management, such as billing, accounts receivable, and accounts payable

(8) Hires and fires management staff

(9) Hire and fire field staff or crew

(10) Designates profit spending or investment

(11) Obligates the business by contract/credit/bond/insurance

(12) Purchase equipment

(13) Signs business checks

Check the appropriate box that indicates whether any of the persons listed in (1) through (13) above perform a management or supervisory function for any other business. If yes identify the person, business, and their title/function. Identify if any of the persons listed above own or work for any other firm(s) that has a relationship with this firm (e.g. ownership interest, shared office space, financial investment, equipment, leases, personnel sharing, etc.) If you answered "Yes," describe the nature of his/her business relationship with that other firm.

C. Indicate firm inventory in the following categories:

(1) Equipment and Vehicles

State the type, make and model, and current dollar value of each piece of equipment and motor vehicle held and/or used by your firm. Indicate whether each piece is either owned or leased by your firm and where this item is stored.

(2) Office Space

State the street address of each office space held and/or used by your firm. Indicate whether your firm or owner owns or leases the office space and the current dollar value of that property or its lease.

(3) Storage Space

State the street address of each storage space held and/or used by your firm. Indicate whether your firm or owner owns or leases the storage space and the current dollar value of that property or its lease.

D. Does your firm rely on any other firm for management functions or employee payroll?

Check the appropriate box that indicates whether your firm relies on any other firm for management functions or for employee payroll. If you answered "Yes," briefly explain the nature of that reliance and the extent to which the other firm carries out such functions.

E. Financial / Banking Information

Banking Information. State the name and address of your firm's bank. In the space provided, identify the individuals able to sign checks on this account.

Bonding Information. State your firm's Binder Number. State the name of your firm's bond agent and/or broker. Give your agent's/broker's phone number. Give your agent's/broker's address. State your firm's bonding limits (in dollars), specifying both the aggregate and project limits.

F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of persons or firms securing the loan.

State the name and address of each source, the name of person securing the loan, original dollar amount and the current balance of each loan, and the purpose for which each loan was made to your firm.

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners or another individual over the past two years:

Indicate in the spaces provided, the type of contribution or asset that was transferred, its current dollar value, the person or firm from whom it was transferred, the person or firm to whom it was transferred, the relationship between the two persons and/or firms, and the date of the transfer.

H. List current licenses/permits held by any owner or employee of your firm.

List the name of each person in your firm who holds a professional license or permit, the type of permit or license, the expiration date of the permit or license, and the license/permit number and issuing State of the license or permit.

I. List the three largest contracts completed by your firm in the past three years, if any.

List the name of each owner or contractor for each contract, the name and location of the projects under each contract, the type of work performed on each contract, and the dollar value of each contract.

J. List the three largest active jobs on which your firm is currently working.

For each active job listed, state the name of the prime contractor and the project number, the location, the type of work performed, the project start date, the anticipated completion date, and the dollar value of the contract.

AFFIDAVIT & SIGNATURE

The Affidavit of Certification must accompany your application for DBE/ACDBE certification. Carefully read the attached affidavit in its entirety. Fill in the required information for each blank space, and sign and date the affidavit in the presence of a Notary Public, who must then notarize the form.

AIRPORT CONCESSION (ACDBE) APPLICANTS

Identify the concession space, address and location at the airport, the value of the property or lease, and fees/lease payments paid to the airport. Provide information concerning any other airport concession businesses the applicant firm or any affiliate owns and/or operates, including name, location, type of concession, and start date of the concession enterprise.



UNIFORM DBE/ACDBE CERTIFICATION APPLICATION

Date _____

Section 1: CERTIFICATION INFORMATION

A. Basic Contact Information

(1) Contact person and Title: _____ (2) Legal name of firm: _____

(3) Phone #: (____) ____ - _____ (4) Other Phone #: (____) ____ - _____ (5) Fax #: (____) ____ - _____

(6) E-mail: _____ (7) Firm Websites: _____

(8) Street address of firm (No P.O. Box): _____ City: _____ County/Parish: _____ State: _____ Zip: _____

(9) Mailing address of firm (if different): _____ City: _____ County/Parish: _____ State: _____ Zip: _____

Home Based Business? Yes No If Yes, who holds the title to the property? _____

B. Prior/Other Certifications and Applications

(10) Is your firm currently certified for any of the following programs? (If Yes, check appropriate box(es))

DBE ACDBE Names of certifying agencies: _____

List the dates of any site visits conducted by your home state and any other states or UCP members:

Date ___/___/___ State/UCP Member: _____

Date ___/___/___ State/UCP Member: _____

Date ___/___/___ State/UCP Member: _____

You will be required to provide a copy of the above on-site reports as part of this application process.

Already certified in your home state? STOP! You may not have to complete this application. Ask your state UCP about the streamlined application process.

(11) Has your firm (under any name) or any firm owned or controlled by your firm's owners, Board of Directors, officers or management personnel, ever been:

(a) Denied certification as a DBE, ACDBE, 8(a), SDB, MBE/WBE firm? Yes No

(b) Decertified from these programs? Yes No

(c) Withdrawn an application for these programs, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity? Yes No

If yes to any of the above, identify all state, local, or Federal agencies and explain the nature of the action(s):

If you appealed this decision to USDOT, what was the result? Please attach a copy of USDOT's decision(s).



Section 2: GENERAL INFORMATION

A. Business Profile: (1) Give a concise description of the firm’s primary activities, the product(s) or services the company provides, or type of construction. If your company offers more than one product/service, list the primary product or service first. Please use additional paper if necessary. This description may be used in our database and the UCP online directory if you are certified as a DBE or ACDBE.

(2) **Applicable NAICS Codes for this line of work include:** _____

(3) **This firm was established on** ____/____/____ | (4) **I/We have owned this firm since:** ____/____/____

(5) **Method of acquisition** (Check all that apply):

- Started new business Bought existing business Inherited business Secured concession
- Merger or consolidation Other (explain) _____

(6) **Is your firm “for profit”?** Yes No → **⊗ STOP!** If your firm is NOT for-profit, then you do NOT qualify for this program and should not fill out this application.

Employer’s ID # _____
Federal Tax ID# _____

(7) **Type of Legal Business Structure:** (check all that apply):

- Sole Proprietorship Limited Liability Partnership
- Partnership Corporation
- Limited Liability Corporation Joint Venture (Identify all JV partners _____)
- Applying as an ACDBE
- Other, Describe: _____

(8) **Has your firm ever existed under different ownership, a different type of ownership, or a different name?**

Yes No If Yes, explain: _____

(9) **Number of employees:** Full-time _____ Part-time _____ Seasonal _____ Total _____

(Please attach a list of employees, their job titles, and dates of employment, to your application).

(10) **Specify the firm’s gross receipts for the last 3 years.** Year _____ Total receipts \$ _____
You must submit complete copies of the firm’s State and Federal tax returns for each year, and audited financial statements (if available). If there are any affiliates or subsidiaries of the applicant firm or owners, you must submit complete copies of these firms’ State and Federal tax returns. Year _____ Total receipts \$ _____
Year _____ Total receipts \$ _____



B. Relationships and Dealings with Other Businesses

(1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office or storage space, yard, warehouse, facilities, equipment, inventory, financing, office staff, and/or employees with any other business, organization, or entity? Yes No If Yes, explain fully the nature of your relationship with these other businesses by identifying the business or person with whom you have any formal, informal, written, or oral agreement. Also detail the items shared.

(2) Has any other firm had an ownership interest in your firm at present or at any time in the past?

Yes No If Yes, explain _____

(3) At present, or at any time in the past, has your firm:

- (a) been a subsidiary of any other firm? Yes No
- (b) existed as a partnership in which one or more of the partners are/were other firms? Yes No
- (c) owned any percentage of any other firm? Yes No
- (d) had any subsidiaries? Yes No
- (e) been a subcontractor with another firm constituting more than 25% of your firm’s receipts? Yes No

If you answered “Yes” to any of the questions in (2) and/or (3)(a)-(e), describe the subsidiaries, partnership interests, or other arrangements and whether this continues. Please attach a separate sheet if necessary.

C. Immediate Family Member, Manager, or Employee Businesses

Do any of your immediate family members, managers, or employees own, manage, or are associated with another company? Yes No If Yes, then list: *(Please attach extra sheets, if needed)*:

<u>Name</u>	<u>Relationship</u>	<u>Company</u>	<u>Type of Business</u>	<u>Own/Manage/Associated with</u>
1. _____				
2. _____				
3. _____				



Section 3: MAJORITY OWNER INFORMATION

A. In this section, specify the majority owner of the firm holding 51% or more ownership interest.

(1) Full Name: _____	(2) Title: _____	(3) Home Phone #: () _____ - _____
(4) Home Address (Street and Number): _____	City: _____	State: _____
		Zip: _____ - _____

(5) Gender: Male Female

(6) Ethnic group membership
(Check all that apply):

Black Hispanic
 Asian Pacific Native American
 Subcontinent Asian
 Other (specify) _____

(7) U.S. Citizenship:

Birth Naturalized
 Lawfully Admitted Permanent Resident

(8)(a) Economic Disadvantaged Status: Complete this section only for each owner claiming to be socially and economically disadvantaged applying for DBE qualification.

(i) What is the Personal Net Worth of the owner applying for DBE/ACDBE qualification? \$ _____

(Use and attach the Personal Financial Statement form attached to this application. Each owner must submit a separate statement).

(ii) Has any trust been created for the benefit of this disadvantaged owner(s)? Yes No
 If Yes, provide a copy (Attach additional sheets if needed):

B. Ownership Interest

(1) Number of years as owner: _____

(3) Percentage owned: _____ %
 Class of stock owned: _____
 Date acquired _____

(4) Describe familial relationship to other owners and employees: _____

(2) Initial investment to acquire ownership interest in firm:	Type	Dollar Value
	Cash	\$
	Real Estate	\$
	Equipment	\$
	Other	\$

Describe how you acquired your business

Started business myself
 It was a gift from: _____
 I bought it from: _____
 I inherited it from: _____
 Other

(Attach documentation substantiating your investment)

(5) Does this owner perform a management or supervisory function for any other business? Yes No
 If Yes, identify: Name of Business: _____ Function/Title: _____

(6)(a) Does this owner own or work for any other firm(s) that has a relationship with this firm? (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.) Yes No
 Identify the name of the business, and the nature of the relationship, and the owner's function at the firm:

(b) Does this owner work for any other firm, non-profit organization, or is engaged in any other activity more than 10 hours per week? If yes, identify this activity: _____



Section 3: OWNER INFORMATION, Cont'd.

A. Identify all individuals, firms, or holding companies that hold LESS THAN 51% ownership interest in your firm (If more than one owner holding less than 51%, attach separate sheets for each additional owner)

(1) Full Name: _____	(2) Title: _____	(3) Home Phone #: () _____ - _____
(4) Home Address (street and number): _____	City: _____	State: _____
		Zip: _____ - _____

(5) Gender: Male Female

(6) Ethnic group membership
(Check all that apply):

Black Hispanic
 Asian Pacific Native American
 Subcontinent Asian
 Other (specify) _____

(7) U.S. Citizenship:

Birth Naturalized
 Lawfully Admitted Permanent Resident:

(8)(a) Economic Disadvantaged Status: Complete this section only for each owner claiming to be socially and economically disadvantaged applying for DBE qualification

(i) What is the Personal Net Worth of the owner applying for DBE/ACDBE qualification? \$ _____

(Use and attach the Personal Financial Statement form attached to this application. Each owner must submit a separate statement).

(ii) Has any trust been created for the benefit of this disadvantaged owner(s)? Yes No
 If Yes, please explain *(attach additional sheets if needed):*

B. Ownership Interest

(1) Number of years as owner: _____

(3) Percentage owned: _____ %
 Class of stock owned: _____
 Date acquired _____

(4) Describe familial relationship to other owners and employees:

(2) Initial investment to acquire ownership interest in firm:	<u>Type</u>	<u>Dollar Value</u>
	Cash	\$
	Real Estate	\$
	Equipment	\$
	Other	\$

Describe how you acquired your business

Started business myself
 It was a gift from: _____
 I bought it from: _____
 I inherited it from: _____
 Other _____

Attach documentation substantiating your investment

(5) Does this owner perform a management or supervisory function for any other business? Yes No

If Yes, identify: Name of Business: _____ Function/Title: _____

(6)(a) Does this owner own or work for any other firm(s) that has a relationship with this firm? *(e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)* Yes No

Identify the name of the business, and the nature of the relationship, and the owner's function at the firm:

(b) Does this owner work for any other firm, non-profit organization, or is engaged in any other activity more than 10 hours per week? If yes, identify this activity: _____



Section 4: CONTROL

A. Identify your firm's Officers and Board of Directors

(If additional space is required, attach a separate sheet):

	Name	Title	Date Appointed	Ethnicity	Gender
(1) Officers of the Company	(a)				
	(b)				
	(c)				
	(d)				
	(e)				
(2) Board of Directors	(a)				
	(b)				
	(c)				
	(d)				
	(e)				

(3) Do any of the persons listed above perform a management or supervisory function for any other business? Yes No If Yes, identify for each:

Person: _____ Title: _____

Business: _____ Function: _____

Person: _____ Title: _____

Business: _____ Function: _____

(4) Do any of the persons listed (1) and/or (2) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)?

Yes No If Yes, identify for each:

Firm Name: _____ Person: _____

Nature of Business Relationship: _____

(5) Is the applicant business and/or owner involved in any present or pending lawsuits?

Yes No If Yes, provide details:



B. Duties of Owners, Officers, Directors, Managers, and Key Personnel

Complete for all owners and non-owners who perform significant functions for the business. Make enough copies of this form to provide information on each and every person. **Submit résumés for each person identified below.** Circle the frequency of each person's involvement as follows:

	Majority Owner (51% or more)				Minority Owner (49% or less)			
	Name: _____ Title: _____ Race: _____ Percent Owned: _____ Gender: ____ Male ____ Female Salary: \$ _____ Other Benefits \$ _____				Name: _____ Title: _____ Race: _____ Percent Owned: _____ Gender: ____ Male ____ Female Salary: \$ _____ Other Benefits \$ _____			
Sets policy for company direction/scope/ of operations	A	F	S	N	A	F	S	N
Bidding and estimating	A	F	S	N	A	F	S	N
Major purchasing decisions	A	F	S	N	A	F	S	N
Marketing and sales	A	F	S	N	A	F	S	N
Supervises field operations	A	F	S	N	A	F	S	N
Attend bid opening and lettings	A	F	S	N	A	F	S	N
Perform office management, such as billing, accounts receivable and accounts payable, etc.	A	F	S	N	A	F	S	N
Hires and fires management staff	A	F	S	N	A	F	S	N
Hire and fire field staff or crew	A	F	S	N	A	F	S	N
Designates profits spending or investment	A	F	S	N	A	F	S	N
Obligates business by contract/credit/bond/insurance	A	F	S	N	A	F	S	N
Purchase equipment	A	F	S	N	A	F	S	N
Signs business checks	A	F	S	N	A	F	S	N

Do any of the persons listed above perform a management or supervisory function for any other business? If Yes, identify the person, the business, and their title/function:

Do any of the persons listed above own or work for any other firm(s) that has a relationship with this firm? (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.) Yes No

If Yes, describe the nature of the business relationship: _____



B. Duties of Owners, Officers, Directors, Managers, and Key Personnel, continued.

Complete for all owners and non-owners who do anything listed below for the business. Make enough copies of this form to provide information on each and every person. *Submit résumés for each person identified below.* Circle the frequency of each person’s involvement as follows:

	Person 3				Person 4			
A= Always F = Frequently S = Seldom N = Never	Name: _____ Title: _____ Race: _____ Percent Owned: _____ Gender: _____ Male _____ Female Salary: \$ _____ Other Benefits \$ _____				Name: _____ Title: _____ Race: _____ Percent Owned: _____ Gender: _____ Male _____ Female Salary: \$ _____ Other Benefits \$ _____			
	Sets policy for company direction/scope/ of operations	A	F	S	N	A	F	S
Bidding and estimating	A	F	S	N	A	F	S	N
Major purchasing decisions	A	F	S	N	A	F	S	N
Marketing and sales	A	F	S	N	A	F	S	N
Supervises field operations	A	F	S	N	A	F	S	N
Attend bid opening and lettings	A	F	S	N	A	F	S	N
Perform office management, such as billing, accounts receivable and accounts payable, etc.	A	F	S	N	A	F	S	N
Hires and fires management staff	A	F	S	N	A	F	S	N
Hire and fire field staff or crew	A	F	S	N	A	F	S	N
Designates profits spending or investment	A	F	S	N	A	F	S	N
Obligates business by contract/credit/bond/insurance	A	F	S	N	A	F	S	N
Purchase equipment	A	F	S	N	A	F	S	N
Signs business checks	A	F	S	N	A	F	S	N

Do any of the persons listed above perform a management or supervisory function for any other business? If Yes, identify the person, the business, and their title/function:

Do any of the persons listed above own or work for any other firm(s) that has a relationship with this firm? (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.) Yes No

If Yes, describe the nature of the business relationship: _____



C. Inventory:

Indicate your firm's inventory in the following categories (*Please attach additional sheets if needed*):

Equipment and Vehicles (*Provide titles, proof of ownership, or signed lease agreements for the items listed*)

Type of Equipment or Vehicle (Make and Model)	Current Value	Owned or Leased by Firm or Owner?	Where is this item stored?
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			
11. _____			
12. _____			
13. _____			
14. _____			
15. _____			
16. _____			

Office Space (*Provide signed lease agreements for the properties listed*)

Street Address	Owned or Leased by Firm or Owner?	Current Value of Property or Lease
1. _____		
2. _____		

Storage Space (*Provide signed lease agreements for the properties listed*)

Street Address	Owned or Leased by Firm or Owner?	Current Value of Property or Lease
1. _____		
2. _____		

D. Does your firm rely on any other firm for management functions or employee payroll? Yes No

If Yes, explain:



E. Financial / Banking Information (Provide bank authorization and signature cards)

Name of bank: _____
Address of bank: _____ City: _____ State: _____ Zip: _____

The following individuals are able to sign checks on this account: _____

Name of bank: _____
Address of bank: _____ City: _____ State: _____ Zip: _____

The following individuals are able to sign checks on this account: _____

Bonding Information: If you have bonding capacity, identify: (a) Binder No: _____
(b) Name of agent/broker _____ (c) Phone No: () _____
(d) Address of agent/broker: _____
(e) Bonding limit: Aggregate limit \$ _____ Project limit \$ _____

F. Identify all sources, amounts, and purposes of money loaned to your firm including from financial institutions. Identify whether you the owner and any other person or firm loaned money to the applicant DBE/ACDBE. Include the names of any persons or firms securing the loan, if other than the listed owner. (Provide copies of signed loan agreements and security agreements).

Name of Source	Address of Source	Name of Person Securing the Loan	Original Amount	Current Balance	Purpose of Loan
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners or another individual over the past two years (attach additional sheets if needed):

Contribution/Asset	Dollar Value	From Whom Transferred	To Whom Transferred	Relationship	Date of Transfer
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

H. List current licenses/permits held by any owner and/or employee of your firm (e.g. contractor, engineer, architect, etc.)(Provide copies of the licenses and attach additional sheets if needed):

Name of License/Permit Holder	Type of License/Permit	Expiration Date	License Number and State
1.	_____	_____	_____
2.	_____	_____	_____



I. List the three largest contracts completed by your firm in the past three years, if any:

Name of Owner/Contractor	Name/Location of Project	Type of Work Performed	Dollar Value of Contract
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

J. List the three largest active jobs on which your firm is currently working:

Name of Prime Contractor and Project Number	Location of Project	Type of Work	Project Start Date	Anticipated Completion Date	Dollar Value of Contract
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____



AIRPORT CONCESSION (ACDBE) APPLICANTS MUST COMPLETE THIS PAGE

<u>Concession Space</u>	<u>Address / Location at Airport</u>	<u>Value of Property or Lease</u>	<u>Fees/Lease Payments Paid to the Airport</u>

Provide information concerning any other airport concession businesses the applicant firm or any affiliate owns and/or operates, including name, location, type of concession, and start date of concession

<u>Name of Concession</u>	<u>Location</u>	<u>Type of Concession</u>	<u>Start Date of Concession</u>



AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized for each owner upon which disadvantaged status is relied.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I _____ (full name printed), swear or affirm under penalty of law that I am _____ (title) of the applicant firm _____ (firm name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its places(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract, subcontract, concession lease or sublease, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the recipient agency or Unified Certification Program (UCP) of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I certify that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Disadvantaged Business Enterprise (DBE) or Airport Concession Disadvantaged Business Enterprise (ACDBE). In support of my application, I certify that I am a member of one or more of the following groups, and that I have held myself out as a member of the group(s): (Check all that apply):

- Female Black American Hispanic American Native American Asian- Pacific American
- Subcontinent Asian American Other (specify) _____

I certify that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified above, without regard to my individual qualities.

I further certify that my personal net worth does not exceed \$1.32 million, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Signature _____
(DBE/ACDBE Applicant)

Executed on _____ (Date)

NOTARY CERTIFICATE

Subscribed and sworn to before me this ___ day of _____, 20__.

Notary Public in and for the State of:

Residing at: _____

My Commission Expires: _____



UNIFORM CERTIFICATION APPLICATION SUPPORTING DOCUMENTS CHECKLIST

In order to complete your application for DBE or ACDBE certification, you must attach copies of all of the following documents. The UCP to which you are applying may have additional required documents that you must also supply with your application. Contact the appropriate certifying agency to which you are applying to find out if more is required. A failure to supply any information requested by the UCP may result in a determination that you failed to cooperate.

All Applicants

- Résumés (that include places of ownership/employment with corresponding dates), for all owners, officers, and key personnel of the applicant firm
- Personal Net Worth Statement for socially and economically disadvantaged owners (form available with this application)
- Personal Federal and State tax returns for the past 3 years, if applicable, for each disadvantaged owner
- Federal and state tax returns (and requests for extensions) filed by the firm and its affiliates including all related schedules, and firm audited financial statements (if available) for the past 3 years.
- Documented proof of contributions used to acquire ownership for each owner (*e.g. both sides of cancelled checks*)
- Your firm's signed loan agreements, security agreements, and bonding forms
- Descriptions of all real estate (including office/storage space, etc.) owned/leased by your firm and documented proof of ownership/signed leases
- List of equipment and/or vehicles owned and leased. Signed lease agreements and titles/proof of ownership
- Property leases
- Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past 2 years
- Year-end balance sheets and income statements for the past three years (*or life of firm, if less than three years*); a new business must provide a current balance sheet
- All relevant licenses, license renewal forms, permits, and haul authority forms
- DBE, ACDBE and SBA 8(a), SDB, MBE/WBE certifications, denials, and/or decertifications, if applicable; and U.S. DOT appeal decisions (if any) on these actions.
- Bank authorization and signatory cards
- Schedule of salaries (or other remuneration) paid to all officers, managers, owners, and/or directors of the firm
- List of all employees, job titles, and dates of employment.
- Trust agreements held by any owner claiming disadvantaged status, if any

Partnership or Joint Venture

- Original and any amended Partnership or Joint Venture Agreements

Corporation or LLC

- Official Articles of Incorporation (*signed by the state official*)
- Both sides of all corporate stock certificates and your firm's stock transfer ledger
- Shareholders' Agreement
- Minutes of all stockholders and board of directors meetings
- Corporate by-laws and any amendments
- Corporate bank resolution and bank signature cards
- Official Certificate of Formation and Operating Agreement with any amendments (for LLCs)

Trucking Company

- Documented proof of ownership of the company
- Insurance agreements for each truck owned or operated by your firm
- Title(s), registration certificate(s), and U.S. DOT numbers for each truck owned or operated by your firm

Suppliers

- Proof of warehouse/storage facility ownership or lease arrangements
- List of product lines carried and list of distribution equipment owned and/or leased