



**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*

**For Limited Liability Company**

**Business Profile:**

Name of applicant firm: \_\_\_\_\_

Name of Managing Members and Titles: \_\_\_\_\_

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? \_\_\_\_\_

Are you claiming disabled status?  Yes  No. (i.e., a United States citizen who has permanent or temporary physical or mental impairment that substantially limits one or more of your major life activities.) If yes, please submit documentation substantiating such disability.

Is your firm at least 51% owned by a Disabled American?  Yes  No.

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 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 a contact point at 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 a copy of the prior determination of attempts to obtain certification: \_\_\_\_\_

Does your firm 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) \_\_\_\_\_

**In accordance with 13 CFR §124.103, designated group members are presumed to be socially disadvantaged. Designated group members are individuals who hold themselves out to be and are identified by others as Black Americans, Native Americans (American Indians, Eskimos, Aleuts, or Native Hawaiians), Hispanic Americans, Subcontinent Asian Americans, Asian Pacific Americans, and any other groups designated by the Small Business Administration (SBA). If an individual is claiming to be a member of a designated group, complete Section A of this application. If an individual is not claiming to be a member of a designated group, complete Section B of this application. All applicants must complete Sections C, D, and E of this application.**

## SECTION A Eligibility Statement - Designated Group Members

### Social Disadvantage

1. List all individuals claiming disadvantaged status:

Name of Individual	Other Last Names Used	U.S. Citizen Y/N	Place of Birth	Group Membership	Sex M/F
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. Is at least 51% of each class of member interest unconditionally owned by one or more disadvantaged individuals? \_\_\_ Yes \_\_\_ No.

3. List all individuals claiming disadvantaged status.

Name of Individual	Other Last Names Used	U.S. Citizen Y/N	Place of Birth	Group Membership	Sex M/F
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- 3a. If you are a naturalized United States Citizen, please provide the following as Attachment A-1:  
(a) naturalization number; (b) date of citizenship; and (c) county, state and court.

## SECTION B Eligibility Statement - Non Designated Group Members

### Social Disadvantage

1. Is at least 51% of each class of member interest unconditionally owned by one or more disadvantaged individual? \_\_\_ Yes \_\_\_ No.

2. List all individuals claiming disadvantaged status:

Name of Individual	U.S. Citizen Y/N	Race	Sex M/F
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 2a. If you are a naturalized Citizen, please provide the following as Attachment B-1:  
 (a) naturalization number; (b) date of citizenship; and (c) county, state and court.

**For this section, each individual claiming social disadvantage must provide a separate response for questions 3 through 5.**

### Social Disadvantage

3. I, \_\_\_\_\_ have personally suffered social disadvantage based on my identification as \_\_\_\_\_.  
**(A claim of social disadvantage must include at least one objective feature that has contributed to social disadvantage, such as race, ethnic origin, gender, physical handicap, long-term residence in an environment isolated from the mainstream of American society, or other similar causes not common to individuals who are not socially disadvantaged.)**
4. Document how your ability to compete in the free enterprise system has been impaired by such things as inability to obtain adequate bonding, credit or financing; inability to obtain licenses or leases; restriction of your market to certain racial, ethnic or social groups; underemployment or unemployment, etc., as compared to others in the same or similar line of business who are not socially disadvantaged. Provide as Attachment B-2.
5. **Attach a narrative describing how you personally experienced social disadvantage in American society.** When writing your narrative, be as specific and detailed as possible. Where applicable, each statement of alleged discrimination should be supported by documented evidence such as affidavits, denials of loan applications, denials of employment opportunities (including non-selection for particular jobs, denials of promotions, or unequal work environment or treatment), and documents to support any formal action taken by you because of alleged discrimination. You must demonstrate how your identification, as described in the paragraph above, has negatively impacted your entry into or advancement in business. You must address disadvantage in education, employment, and business history, where applicable. Examples of discrimination include, but are not limited to: unequal access to colleges or professional schools; exclusion from professional or business associations; being denied educational honors or recognition; experiencing discriminatory social pressure which discouraged you from pursuing a professional or higher education or forced you into non-professional or non-business fields; discrimination in employment opportunities or pay and fringe benefits; unequal access to business credit or capital; and discrimination in the awarding, bidding process, or negotiating of government or private sector contracts. Provide as Attachment B-3.

**SECTION C**  
**(All applicant firms must complete)**

**Economic Disadvantage**

1. Is the net worth of each individual(s) claiming disadvantaged status less than \$750,000, excluding your ownership interest in the applicant firm and equity in the individual(s) primary residence?  
 Yes  No.
2. For individuals claiming disadvantaged status, list your personal net worth, excluding the ownership interest in the applicant firm and the equity in the individual(s) primary residence.

Name	Average 2-year Income	Personal Net Worth	Total Assets
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Each individual listed in number 2 above, certifies that because of racial and/or ethnic prejudice, and/or cultural bias, his/her 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 that are not socially disadvantaged.

**SECTION D**  
**(All applicant firms must complete)**

**Ownership**

1. If more than one class membership interest, provide information for each class:

	Voting	Non-Voting	Total
a) Total number of interests authorized:	_____	_____	_____
b) Total number of interests currently outstanding:	_____	_____	_____
2. List all individuals, entities, and/or trusts, which have a membership interest in the applicant firm.

Name	Title	Membership		Percent Total
		Voting	Non-Voting	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Do disadvantaged individuals receive at least 51% of the annual distributions of dividends paid on the membership interest of an LLC applicant firm?  Yes  No  N/A. If no or not applicable (N/A), please explain as Attachment D-1.
4. Will disadvantaged individuals receive 100% of the unencumbered value of each share of membership interest in the event that the interest is sold?  Yes  No. If no, please explain as Attachment D-2.
5. If the LLC dissolves, will disadvantaged individuals receive at least 51% of the retained earnings and 100% of the unencumbered value of each membership he or she owns?  Yes  No. If no, please explain as Attachment D-3.
6. Is ownership by any individual claiming disadvantaged status subject to conditions precedent, conditions subsequent, executory agreements, voting trusts, shareholder agreements, or other similar arrangements, which may impact the unconditional ownership of such individuals?  Yes  No. If yes, explain as Attachment D-4.
7. 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 D-5.
8. **For community property residents only.** If you are a married disadvantaged owner, and your spouse is not disadvantaged, please complete the chart below, and provide evidence that you have a majority interest in the business.

Name of Disadvantaged Owner	State of Residence	Percent Transferred
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Has any individual(s) listed in number 2 above transferred any assets within two years, in full or in part, to a spouse or any other person or entity, including a trust?  Yes  No. If yes, provide the following information as Attachment D-6: the date of transfer; to whom the assets were transferred; amount paid for the assets; and the market value of the assets at the time of transfer. **Individuals may exclude assets transferred to an immediate family member that are consistent with the customary recognition of special occasions, such as birthdays, graduations, anniversaries, and retirements. Individuals may also exclude any transfers to an immediate family if for educational, medical, or essential support purposes.**

**SECTION E**  
**(All applicant firms must complete)**

**Control**

1. List the titles of all officers, management members, and key managers and the hours devoted, by such individual(s) to the management of the applicant firm.

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____

2. Is the managing member or any disadvantaged full-time manager engaged in or plan to engage in outside employment? \_\_\_ Yes \_\_\_ No. If yes, provide details as to the extent of outside employment or other business dealings to include daily hours of employment, location, and explanation as to how this outside employment does not conflict with the ability to manage and control the daily operations of the application concern. Provide as Attachment E-1.
3. Have any of the nondisadvantaged individuals involved in the management of the applicant firm, and/or their immediate family members, had a prior business relationship with any individual claiming disadvantaged status? This includes such relationships as employer-employee, supervisor-employee, co-workers, investor-employee, etc. \_\_\_ Yes \_\_\_ No. If yes, identify the person(s) and the type of business relationship as Attachment E-2.
4. Does any nondisadvantaged individual receive compensation in any form, including dividends, as a director, officer, or employee that exceeds the compensation received by the disadvantaged Management Member? \_\_\_ Yes \_\_\_ No. If yes, provide the total compensation received by the disadvantaged management member, and the name(s) and the amount of the total compensation paid to the nondisadvantaged individuals(s). If any nondisadvantaged individual is higher compensated, provide a statement, which justifies the need for the nondisadvantaged individual(s) to receive a higher compensation. Provide as Attachment E-3.
5. Does the applicant firm operate in an industry, which requires bonding or professional licenses? \_\_\_ Yes \_\_\_ No. If yes, identify the qualifying individual(s) for the critical licenses, general indemnity agreement, permits, certifications, and bonding required to operate the applicant firm on Attachment E-4.
6. List the names of all individuals who have access to the firm's bank account.

Name	Title
_____	_____
_____	_____

7. Does any individual(s), (other than the individual(s) claiming disadvantaged status) or entities provide?

- a) Financial support to the applicant firm  Yes  No
- b) Subcontracts, Joint Ventures or Teaming Arrangements  Yes  No
- c) Office space (rent or leased)  Yes  No
- d) Equipment (rent or leased)  Yes  No
- e) Employees (other than from employment agencies)  Yes  No
- f) Business bank account  Yes  No

If you answered yes to any of the above, please provide details (i.e., names, titles, copies of agreements, leases, etc.) of such arrangements as Attachment E-5.



**Each person signing below:**

- 1. Certifies that the information provided with regard to my social and economic disadvantaged status is true, accurate, and complete to the best of my knowledge and belief.**
- 2. Certifies that the information provided with regard to my ownership and control status is true, accurate, and complete to the best of my knowledge and belief.**
- 3. Certifies that the information provided with regard to my status as a United States citizen is true, accurate, and complete to the best of my knowledge and belief.**
- 4. Certifies that the information provided with regard to my individual disadvantaged status is true, accurate, and complete to the best of my knowledge and belief.**
- 5. Certifies that the information provided, including that shown on documents accompanying this application, is true, accurate and complete to the best of my knowledge and belief.**
- 6. Acknowledges that EPA, at its discretion, may give the information submitted to Federal, state, and local agencies for determining violations of law.**
- 7. 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, 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 DBE Certification Form to this address.