



Environmental Protection Agency

OMB Control No: 2090-0030
Approval Expires: XX/XX/XX

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

For Private and Voluntary Organizations Controlled by Individuals
who are Socially and Economically Disadvantaged

Name of Organization: _____

Applicant concern is: [] Corporation [] Limited Liability Company [] Partnership

Name of President/Managing Member/Managing Partner _____

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 standard industrial classification code? _____

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

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

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

Is the 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
explanation/documentation: _____

Does the firm have any other certification as a disadvantaged business entity, i.e., MBE, DBE, WBE, etc?
 ___ Yes ___ No. If yes, provide the 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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SECTION B Eligibility Statement - Non Designated Group Members

1. List all individuals claiming disadvantaged status:

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

For this section, any individual claiming social disadvantage must provide a separate response for questions 3 and 4.

Social Disadvantage

2. 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.)

3. 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. Mark as Attachment B-1.

4. **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. Mark as Attachment B-2.

SECTION C

(All applicant firms must complete)

Economic Disadvantage

1. Is the net worth of all individual(s) claiming disadvantaged status less than \$750,000, excluding ownership interest in the applicant firm and equity in the individual(s) primary residence?
 ___Yes ___No ___.

2. For individual(s) 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

Corporation:

1. 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:	_____	_____	_____

Limited Liability Company:

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

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

Partnership:

3. Provide the name, title, and percentage of ownership for each partner of the firm. Does the partnership agreement reflect the ownership of each partner? ___Yes ___No.

Name	Title	Ownership Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Questions 4 through 8 are for Corporations & LLCs ONLY:

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

Name	Title	Ownership %		Total
		Voting	NonVoting	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Does the private or voluntary organization or its wholly-owned subsidiary receive at least 51% of the annual distributions of dividends paid on the stock of a corporate applicant firm? ___Yes ___ No. If no, please explain as Attachment D-1.
6. Will the private or voluntary organization or its wholly-owned subsidiary receive 100% of the unencumbered value of each share of stock owned in the event that the stock is sold? ___Yes ___ No. If no, please explain as Attachment D-2.
7. If the private or voluntary organization dissolves, will the private or voluntary organization or its wholly-owned subsidiary receive at least 51% of the retained earnings and 100% of the unencumbered value of each share of stock owned? ___Yes ___ No. If no, please explain as Attachment D-3.
8. Is ownership by the private or voluntary organization or its wholly-owned subsidiary subject to conditions precedent, conditions subsequent, executory agreements, voting trusts, shareholder agreements, or other similar arrangements which may impact the unconditional ownership of the private or voluntary organization? ___Yes ___No. If yes, explain as Attachment D-4.

Corporations, LLCs & Partnerships:

9. 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.

SECTION E

(All applicant firms must complete)

Control

Corporations Only:

1. The private or voluntary organization controls the board of directors by virtue of the fact that: **(select only one below)**
 - ___ a) The private or voluntary organization owns at least 100% of all the **voting** stock of the applicant concern.
 - ___ b) The private or voluntary organization owns at least 51% of all **voting** stock, is on the Board of Directors, and no super majority voting requirements exist for shareholders to approve corporate actions.
 - ___ c) The private or voluntary organization owns at least 51% of all **voting** stock, is on the Board of Directors, and owns at least the percentage of voting stock needed to overcome the super majority voting requirements which exist for shareholders to approve corporate actions.
 - ___ d) The private or voluntary organization controls the Board of Directors through actual numbers of voting directors.
 - ___ e) The private or voluntary organization controls the Board of Directors through weighted voting and such voting is permitted by applicable state law.

Partnerships Only:

- 2. Are partnership decisions determined by general partners? If no, explain as Attachment E-1.

Corporations, LLCs & Partnerships:

- 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. Are the CEO, President, Managing Member, Managing Partner, members of the management team, business committee members, officers or directors 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-2.

- 5. List the names of all individuals who have access to the firm’s bank account.

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____

- 6. Are the management and daily business operations of the concern controlled by the private or voluntary organization 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 management competency as Attachment E-3.

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 individual disadvantaged status is true, accurate, and complete to the best of my 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 my knowledge and belief.
5. Acknowledges that EPA, at its discretion, may give the information submitted to Federal, state, and local agencies for determining 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 1 hour per response. 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 through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.