



***MICHIGAN***  
**DISADVANTAGED**  
**BUSINESS ENTERPRISE**  
**CERTIFICATION**  
**APPLICATION**



OCTOBER 2010

**MAIL THE COMPLETE APPLICATION AND ALL SUPPORTING DOCUMENTS  
TO ONLY ONE OF THE FOLLOWING AGENCIES:**

Detroit Department of Transportation  
1301 E. Warren  
Detroit, MI 48207

**Sheila Udeozor, Contract Compliance Manager**

(313) 833-7695

(313) 833-5523 (fax)

[udeozors@detroitmi.gov](mailto:udeozors@detroitmi.gov) (Email)

Wayne County  
500 Griswold, 15<sup>th</sup> Floor  
Detroit, MI 48226

**Marion Casey, Certification Manager**

(313) 224-5021

(313) 224-6932 (fax)

[mcasey@co.wayne.mi.us](mailto:mcasey@co.wayne.mi.us) (Email)



**PARTICIPATING AGENCIES**

Detroit Department of Transportation, Detroit City Airport, Suburban Mobility Authority for Regional Transportation, The Interurban Transit Partnership (ITP-The Rapid), Michigan Department of Transportation, Wayne County, Wayne County Airport Authority, Flint Mass Transit Authority, Muskegon Area Transit System, Gerald R. Ford International Airport, Kalamazoo/Battle Creek International Airport, Capitol City Airport, Ann Arbor Transportation Authority, Bishop International, Kalamazoo Metro Transit/Metro Transit System, City of Saginaw, Saginaw Transit Authority, Capitol Area Transportation Authority, Battle Creek Transit, City of Holland, Jackson Transportation Authority, Southeast Michigan Council Of Governments, Bay County Metro Transit Authority, Blue Water Area Transit, Detroit Transportation Cooperation, Dickinson County Ford Airport, Muskegon County Airport, Mbs International, Sawyer Airport, Chippewa County International Airport, Cherry Capital Airport, Houghton County Memorial Airport, Delta County Airport, Pellston Regional Airport, Twin Cities Area Transportation Authority.

**DISADVANTAGED BUSINESS ENTERPRISE PROGRAM  
49 C.F.R. PART 26**

**UNIFORM CERTIFICATION APPLICATION**

**ROADMAP FOR APPLICANTS**

① **Should I apply?**

- 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 \$22,410,000 in gross annual receipts? The only exception is for airport concessionaires (\$52,470,000 maximum annual gross receipts).
  - Is your firm organized as a for-profit business?
- ⇒ If you answered "Yes" to all of the questions above, you may be eligible to participate in the U.S. DOT DBE program.

② **Is there an easier way to apply?**

If you are currently certified by the SBA as an 8(a) and/or SDB firm, you may be eligible for a streamlined certification application process. Under this process, the certifying agency to which you are applying will accept your current SBA application package in lieu of requiring you to fill out and submit this form. **NOTE: You must still meet the requirements for the DBE program, including undergoing an on-site review.**

③ **Be sure to attach all of the required documents listed in the [Documents Check List](#) at the end of this form with your completed application.**

④ **Where can I find more information?**

- U.S. DOT – <http://www.dotcr.ost.dot.gov/asp/dbe.asp> (this site provides useful links to the rules and regulations governing the DBE program, questions and answers and other information)
- SBA – [http://www.sba.gov/idc/groups/public/documents/sba\\_homepage/serv\\_sstd\\_tablepdf.pdf](http://www.sba.gov/idc/groups/public/documents/sba_homepage/serv_sstd_tablepdf.pdf) (provides a listing of NAICS codes) and <http://www.census.gov/epcd/naics02/> (provides a search engine and information for NAICS and SIC codes).

Under Sec. 26.107 of 49 CFR Part 26, 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, 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.

**DO NOT “STAPLE” OR “BIND” any part of this APPLICATION**  
or the other pages you are required to provide with it.

**\*Provide the last four digits of SOCIAL SECURITY numbers only & remove all ACCOUNT NUMBERS from ALL attached documents before mailing this application.**

**1. Work experience resumes (page 12 of 14)**

- A detailed **Resume** of your complete work history and experience relevant to this application in addition to page 12 of 14
- Include a complete list with titles of **all key personnel, corporate officers, managers, supervisors, key office & field staff** with an individual **Resume** for each

**2. Personal Financial Statement (pages 10 & 11)**

**YOU MUST USE SBA Form 413 (3-00) ONLY**

- Personal Net Worth *excludes* applicant's primary residence and applicants firms assets and liabilities
- All assets listed as *joint* must provide a break down for each individual
- Statement(s) must be **signed, dated** and **include social security number(last 4 numbers only)**
- Personal Financial Statement **must include the value of all other companies owned by the applicant**

**3. 1040 Personal Income Tax Returns must be three (3) current & consecutive years:  
(i.e. 2007, 2008 & 2009)**

- Include all schedules

**Business Tax Returns must be three (3) current & consecutive years:**

**(i.e. 2007, 2008 & 2009)**

- Include all schedules, W-2's, balance sheets (including year end), profit & loss, and any notes prepared by the firm's accountants.
- **All new businesses (1 year or less) must provide a current balance sheet**

**5. Proof of contributions used to acquire ownership for each owner:**

- Federal Regulations **49 CFR 26.69** requires documents proving your initial investment or a **notarized written statement explaining your initial contribution or stock purchase if supporting documents are not available**

**6. Non State of Michigan applicants:**

- **Must be currently DBE certified in your home state *before* you request certification in Michigan**

**Corporation or LLC**

**Articles of Incorporation:**

- **Any Articles (Amendments) in addition to those recorded with the Michigan Department of Energy, Labor & Economic Growth (DELEG) and all Amendments**

**Regular Dealer**

**Current in stock inventory list and dollar value**

- Complete inventory list

*Please contact the certifying agency you are submitting this application to should you have questions or need assistance. The contact information is on the second page of this application packet.*

## SECTION 1: CERTIFICATION INFORMATION

### A. PRIOR/OTHER CERTIFICATIONS

IS YOUR FIRM CURRENTLY CERTIFIED FOR ANY OF THE FOLLOWING PROGRAMS? (If Yes, check appropriate box(es))	DBE	NAME OF CERTIFYING AGENCY:
		HAS YOUR FIRM'S STATE UCP CONDUCTED AN ON-SITE VISIT? Yes, on _____ STATE _____ No
	8(a)	☒ <b>STOP! If you checked either the 8(a) or SDB box, you may not have to complete this application. Ask your state UCP about the streamlined application process under the SBA-DOT MOU.</b>
	SDB	

### B. PRIOR/OTHER APPLICATIONS AND PRIVILEGES

HAS YOUR FIRM (UNDER ANY NAME) OR ANY OF ITS OWNERS, BOARD OF DIRECTORS, OFFICERS OR MANAGEMENT PERSONNEL EVER BEEN:

EVER WITHDRAWN AN APPLICATION FOR ANY PROGRAMS LISTED ABOVE	NO	YES ☞	DATE:
DENIED CERTIFICATION	NO	YES ☞	DATE:
DECERTIFIED	NO	YES ☞	DATE:
DEBARRED OR SUSPENDED	NO	YES ☞	DATE:
HAD BIDDING PRIVILEGES DENIED OR RESTRICTED BY ANY STATE, LOCAL AGENCY, OR FEDERAL ENTITY, IF YES, IDENTIFY STATE AND NAME OF STATE, LOCAL, OR FEDERAL AGENCY AND EXPLAIN THE NATURE OF THE ACTION.	NO	YES ☞	DATE:

## SECTION 2: GENERAL INFORMATION

### A. CONTACT INFORMATION

(1) CONTACT PERSON AND TITLE		(2) LEGAL NAME OF FIRM		
(3) TELEPHONE NO.	(4) OTHER TELEPHONE NO.	(5) FAX NO.		
(6) E-MAIL		(7) WEBSITE (If you have one)		
(8) STREET ADDRESS (No P.O. Box)		CITY	COUNTY/PARISH	STATE
(9) MAILING ADDRESS OF FIRM (If different from street address)		CITY	COUNTY/PARISH	STATE
				ZIP CODE

### B. BUSINESS PROFILE

(1) DESCRIBE THE PRIMARY ACTIVITIES OF YOUR FIRM

(2) FEDERAL TAX ID (If any)	(3) FIRM WAS ESTABLISHED ON (Date)	(4) I/WWE HAVE OWNED THIS FIRM SINCE (Date)								
(5) METHOD OF ACQUISITION (Check all that apply)										
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Started new business</td> <td style="width: 33%; border: none;">Inherited business</td> </tr> <tr> <td style="border: none;">Merger or consolidation</td> <td style="border: none;">Secured concession</td> </tr> <tr> <td style="border: none;">Bought existing business</td> <td style="border: none;">Other (Explain) _____</td> </tr> </table>			Started new business	Inherited business	Merger or consolidation	Secured concession	Bought existing business	Other (Explain) _____		
Started new business	Inherited business									
Merger or consolidation	Secured concession									
Bought existing business	Other (Explain) _____									
(6) IS YOUR FIRM "FOR PROFIT"?		☒ <b>STOP! If your firm is NOT for-profit, then you do NOT qualify for this program and do NOT need to fill out this application.</b>								
YES                      NO										
(7) TYPE OF FIRM (Check all that apply)										
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Sole Proprietorship</td> <td style="width: 50%; border: none;">Limited Liability Corporation</td> </tr> <tr> <td style="border: none;">Partnership</td> <td style="border: none;">Joint Venture</td> </tr> <tr> <td style="border: none;">Corporation</td> <td style="border: none;">Other, Describe: _____</td> </tr> <tr> <td style="border: none;">Limited Liability Partnership</td> <td style="border: none;"></td> </tr> </table>		Sole Proprietorship	Limited Liability Corporation	Partnership	Joint Venture	Corporation	Other, Describe: _____	Limited Liability Partnership		
Sole Proprietorship	Limited Liability Corporation									
Partnership	Joint Venture									
Corporation	Other, Describe: _____									
Limited Liability Partnership										

(8) HAS YOUR FIRM EVER EXISTED UNDER DIFFERENT OWNERSHIP, A DIFFERENT TYPE OF OWNERSHIP, OR A DIFFERENT NAME?  
 NO YES, explain:

(9) NUMBER OF EMPLOYEES:	FULL TIME	PART-TIME	TOTAL
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(10) SPECIFY THE GROSS RECEIPTS OF THE FIRM FOR THE LAST 3 YEARS	YEAR	TOTAL RECEIPTS \$
	YEAR	TOTAL RECEIPTS \$
	YEAR	TOTAL RECEIPTS \$

**C. RELATIONSHIPS 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 SPACE, YARD, WAREHOUSE, FACILITIES, EQUIPMENT, OR OFFICE STAFF, WITH ANY OTHER BUSINESS, ORGANIZATION, OR ENTITY?  
 NO YES IDENTIFY OTHER FIRM'S NAME: \_\_\_\_\_

EXPLAIN NATURE OF SHARED FACILITIES:

(2) AT PRESENT, OR AT ANY TIME IN THE PAST, HAS YOUR FIRM:

(a) been a subsidiary of any other firm?	YES	NO
(b) consisted of a partnership in which one or more of the partners are other firms?	YES	NO
(c) owned any percentage of any other firm?	YES	NO
(d) had any subsidiaries	YES	NO

(3) HAS ANY OTHER FIRM HAD AN OWNERSHIP INTEREST IN YOUR FIRM AT PRESENT OR AT ANY TIME IN THE PAST?  
 YES NO

(4) IF YOU HAVE ANSWERED "YES" TO ANY OF THE QUESTIONS IN (2)(a)-(d) AND/OR (3), IDENTIFY THE FOLLOWING FOR EACH (attach extra sheets, if needed)

NAME	ADDRESS	TYPE OF BUSINESS
NAME	ADDRESS	TYPE OF BUSINESS
NAME	ADDRESS	TYPE OF BUSINESS

**D. IMMEDIATE FAMILY MEMBER BUSINESSES**

DO ANY OF YOUR IMMEDIATE FAMILY MEMBERS OWN OR MANAGE ANOTHER COMPANY?  
 NO YES, List (attach extra sheets, if needed)

NAME	RELATIONSHIP	COMPANY	TYPE OF BUSINESS	OWN OR MANAGE?
NAME	RELATIONSHIP	COMPANY	TYPE OF BUSINESS	OWN OR MANAGE?

**SECTION 3: OWNERSHIP**

**IDENTIFY ALL INDIVIDUALS OR HOLDING COMPANIES WITH ANY OWNERSHIP INTEREST IN YOUR FIRM, PROVIDING THE INFORMATION REQUESTED BELOW** (If more than one owner, attach separate sheets for each additional owner):

**A. BACKGROUND INFORMATION**

(1) NAME			(2) TITLE			(3) HOME PHONE NO.			
(4) HOME ADDRESS (Street and number)					CITY		STATE	ZIP CODE	
(5) GENDER	MALE	FEMALE	(6) ETHNIC GROUP MEMBERSHIP (Check all that apply)						
(7) U.S. CITIZEN	YES	NO	BLACK	HISPANIC			NATIVE AMERICAN		
(8) LAWFULLY ADMITTED PERMANENT RESIDENT	YES	NO	ASIAN PACIFIC	SUBCONTINENT ASIAN					
			OTHER (Specify) _____						

**B. OWNERSHIP INTEREST**

(1) NUMBER OF YEARS AS OWNER			(2) INITIAL INVESTMENT TO ACQUIRE OWNERSHIP INTEREST IN FIRM  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="text-align: center;"><b>TYPE</b></td> <td style="text-align: center;"><b>DOLLAR VALUE</b></td> </tr> <tr> <td></td> <td>CASH</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td>REAL ESTATE</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td>EQUIPMENT</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td>OTHER</td> <td style="text-align: right;">\$ _____</td> </tr> </table>								<b>TYPE</b>	<b>DOLLAR VALUE</b>		CASH	\$ _____		REAL ESTATE	\$ _____		EQUIPMENT	\$ _____		OTHER	\$ _____
	<b>TYPE</b>	<b>DOLLAR VALUE</b>																						
	CASH	\$ _____																						
	REAL ESTATE	\$ _____																						
	EQUIPMENT	\$ _____																						
	OTHER	\$ _____																						
(3) PERCENTAGE OWNED																								
(4) FAMILIAL RELATIONSHIP TO OTHER OWNERS																								

(5) SHARES OF STOCK	NUMBER	PERCENTAGE	CLASS	DATE ACQUIRED	METHOD ACQUIRED

(6) DOES THIS OWNER PERFORM A MANAGEMENT OR SUPERVISORY FUNCTION FOR ANY OTHER BUSINESS?  
 NO      YES  IDENTIFY NAME OF BUSINESS \_\_\_\_\_  
 FUNCTION/TITLE \_\_\_\_\_

NATURE OF BUSINESS RELATIONSHIP \_\_\_\_\_

**C. DISADVANTAGED STATUS - NOTE: Complete this section only for each owner applying for DBE qualification (i.e., for each owner claiming to be socially and economically disadvantaged)**

(1) WHAT IS THE PERSONAL NET WORTH (PNW) OF THE OWNER(S) APPLYING FOR DBE QUALIFICATION? (Use and attach the Personal Financial Statement form at the end of this application; attach additional sheets if more than one owner is applying)

(2) HAS ANY TRUST BEEN CREATED FOR THE BENEFIT OF THIS DISADVANTAGED OWNER(S)?  
 NO      YES  EXPLAIN (Attach additional sheets if needed)

**SECTION 4: CONTROL**

**A. IDENTIFY YOUR FIRM'S OFFICERS & 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 IN (1) AND/OR (2) ABOVE PERFORM A MANAGEMENT OR SUPERVISORY FUNCTION FOR ANY OTHER BUSINESS? NO YES  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) NO YES  FIRM NAME \_\_\_\_\_ PERSON \_\_\_\_\_

NATURE OF BUSINESS RELATIONSHIP \_\_\_\_\_

**B. IDENTIFY YOUR FIRM'S MANAGEMENT PERSONNEL WHO CONTROL YOUR FIRM IN THE FOLLOWING AREAS** (if more than two persons, attach a separate sheet)

	NAME	TITLE	ETHNICITY	GENDER
(1) FINANCIAL DECISIONS (Responsibility for acquisition of lines of credit, surety, bonding, supplies, etc.)	a.			
	b.			
(2) ESTIMATING AND BIDDING	a.			
	b.			
(3) NEGOTIATING AND CONTRACT EXECUTION	a.			
	b.			
(4) HIRING/FIRING OF MANAGEMENT PERSONNEL	a.			
	b.			
(5) FIELD/PRODUCTION OPERATIONS SUPERVISOR	a.			
	b.			
(6) OFFICE MANAGEMENT	a.			
	b.			



**B. IDENTIFY YOUR FIRM'S MANAGEMENT PERSONNEL WHO CONTROL YOUR FIRM IN THE FOLLOWING AREAS**

(if more than two persons, attach a separate sheet)

	NAME	TITLE	ETHNICITY	GENDER
(7) MARKETING/SALES	a.			
	b.			
(8) PURCHASING OF MAJOR EQUIPMENT	a.			
	b.			
(9) AUTHORIZED TO SIGN COMPANY CHECKS (for any purpose)	a.			
	b.			
(10) AUTHORIZED TO MAKE FINANCIAL TRANSACTIONS	a.			
	b.			

(11) DO ANY OF THE PERSONS LISTED IN (1) THROUGH (10) ABOVE PERFORM A MANAGEMENT OR SUPERVISORY FUNCTION FOR ANY OTHER BUSINESS? NO YES  PERSON \_\_\_\_\_ TITLE \_\_\_\_\_ BUSINESS \_\_\_\_\_ FUNCTION \_\_\_\_\_

(12) DO ANY OF THE PERSONS LISTED (1) THROUGH (10) 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) NO YES  FIRM NAME \_\_\_\_\_ PERSON \_\_\_\_\_

NATURE OF BUSINESS RELATIONSHIP \_\_\_\_\_

**C. INDICATE YOUR FIRM'S INVENTORY IN THE FOLLOWING CATEGORIES** (attach additional sheets if needed)

	TYPE OF EQUIPMENT	MAKE/MODEL	CURRENT VALUE	OWNED OR LEASED?
1. EQUIPMENT	a.			
	b.			
	c.			
	TYPE OF VEHICLE	MAKE/MODEL	CURRENT VALUE	OWNED OR LEASED?
2. VEHICLES	a.			
	b.			
	c.			
3. OFFICE SPACE	STREET ADDRESS	OWNED OR LEASED?	CURRENT VALUE OF PROPERTY OR LEASE	
	a.			
	b.			
4. STORAGE SPACE	STREET ADDRESS	OWNED OR LEASED?	CURRENT VALUE OF PROPERTY OR LEASE	
	a.			
	b.			

**D. DOES YOUR FIRM RELY ON ANY OTHER FIRM FOR MANAGEMENT FUNCTIONS OR EMPLOYEE PAYROLL?**

NO YES  EXPLAIN: \_\_\_\_\_

**E. FINANCIAL INFORMATION**

**(1) BANKING INFORMATION**

NAME OF BANK	PHONE NO.
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ADDRESS	CITY	STATE	ZIP CODE
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(2) <b>BONDING INFORMATION:</b> If you have bonding capacity, identify:	BINDER NO.
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NAME OF AGENT/BROKER	PHONE NO.
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ADDRESS	CITY	STATE	ZIP CODE
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BONDING LIMIT: AGGREGATE LIMIT \$	PROJECT LIMIT \$
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**F. IDENTIFY ALL SOURCES, AMOUNTS, AND PURPOSES OF MONEY LOANED TO YOUR FIRM, INCLUDING THE NAMES OF ANY PERSONS OR FIRMS SECURING THE LOAN, IF OTHER THAN THE LISTED OWNER**

NAME OF SOURCE	ADDRESS OF SOURCE	NAME OF PERSON SECURITY 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 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.) (Attach additional sheets if needed)**

NAME OF LICENSE/PERMIT HOLDER	TYPE OF LICENSE/PERMIT	EXPIRATION DATE	LICENSE NUMBER AND STATE
1.			
2.			
3.			

**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.					

**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 PEALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.**

I \_\_\_\_\_ (full name printed), swear or affirm under penalty of law that I am \_\_\_\_\_ (title) of 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 or subcontract, 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 hereby certify that I am a (circle all that apply):

- Female            Black American            Hispanic American            Native American
- Asian- Pacific American            Subcontinent Asian American
- Other (specify) \_\_\_\_\_.

I have held myself out as a member of that group and have acted as a member of that group. I certify that I am an owner of the company seeking DBE certification and that I have been subjected to racial or ethnic prejudice or cultural bias within American society because of my identity as a member of the above circled group.

I further certify that my personal net worth does not exceed \$1.32 million, and that 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 relating to my disadvantaged status and me is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY CERTIFICATE:**



**PERSONAL FINANCIAL STATEMENT**

U.S. SMALL BUSINESS ADMINISTRATION

As of \_\_\_\_\_, \_\_\_\_\_

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hand & in Banks .....	\$	_____	Accounts Payable .....	\$	_____
Savings Accounts .....	\$	_____	Notes Payable to Banks and Others .....	\$	_____
IRA or Other Retirement Account .....	\$	_____	(Describe in Section 2)		
Accounts & Notes Receivable .....	\$	_____	Installment Account (Auto) .....	\$	_____
Life Insurance-Cash Surrender Value Only .....	\$	_____	Mo. Payments \$ _____		
(Complete Section 8)			Installment Account (Other) .....	\$	_____
Stocks and Bonds .....	\$	_____	Mo. Payments \$ _____		
(Describe in Section 3)			Loan on Life Insurance .....	\$	_____
Real Estate .....	\$	_____	Mortgages on Real Estate .....	\$	_____
(Describe in Section 4)			(Describe in Section 4)		
Automobile-Present Value .....	\$	_____	Unpaid Taxes .....	\$	_____
Other Personal Property .....	\$	_____	(Describe in Section 6)		
(Describe in Section 5)			Other Liabilities .....	\$	_____
Other Assets .....	\$	_____	(Describe in Section 7)		
(Describe in Section 5)			Total Liabilities .....	\$	_____
<b>Total</b>	\$	_____	Net Worth .....	\$	_____
			<b>Total</b>	\$	_____

Section 1. Source of Income	Contingent Liabilities
Salary .....	As Endorser or Co-Maker .....
Net Investment Income .....	Legal Claims & Judgments .....
Real Estate Income .....	Provision for Federal Income Tax .....
Other Income (Describe below)* .....	Other Special Debt .....

Description of Other Income in Section 1.


\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

**Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).**

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

**Section 4. Real Estate Owned.** (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

**Section 5. Other Personal Property and Other Assets.** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

**Section 6. Unpaid Taxes.** (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

**Section 7. Other Liabilities.** (Describe in detail.)

**Section 8. Life Insurance Held.** (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**

## WORK EXPERIENCE RESUME

A COPY OF THIS FORM MUST BE COMPLETED BY EACH OWNER, OFFICER, DIRECTOR AND OTHER PERSONNEL OF THE FIRM IDENTIFIED IN THE APPLICATION. PLEASE TYPE OR PRINT. DO NOT LEAVE ANYTHING BLANK. MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED.

NAME OF APPLICANT'S COMPANY	YOUR NAME/TITLE
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	NAME AND LOCATION OF SCHOOLS ATTENDED	YEARS ATTENDED	DIPLOMA/DEGREE	COURSES OF STUDY/MAJOR
EDUCATIONAL OR VOCATIONAL TRAINING				
COLLEGES AND UNIVERSITIES				

OTHER TRAINING

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## EMPLOYMENT RECORD

PLEASE LIST ALL OF YOUR WORK EXPERIENCE. START WITH YOUR MOST RECENT EMPLOYMENT AND WORK BACKWARDS. PROVIDE A DETAILED DESCRIPTION OF REGULARLY ASSIGNED, ONGOING DUTIES, FOR EACH JOB. ATTACH ADDITIONAL SHEETS IF NECESSARY.

EMPLOYER	JOB TITLE		
STREET ADDRESS	CITY	STATE	ZIP CODE
DATE OF EMPLOYMENT	SUPERVISOR'S NAME	AVERAGE HOURS PER WEEK	

### DESCRIPTION OF YOUR DUTIES

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LIST UNION LICENSES, PROFESSIONAL REGISTRATIONS, ETC. WHICH ARE IN YOUR NAME

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EMPLOYER		JOB TITLE	
STREET ADDRESS		CITY	STATE      ZIP CODE
DATES OF EMPLOYMENT	SUPERVISOR'S NAME		AVERAGE HOURS PER WEEK

**DESCRIPTION OF YOUR DUTIES**

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EMPLOYER		JOB TITLE	
STREET ADDRESS		CITY	STATE      ZIP CODE
DATES OF EMPLOYMENT	SUPERVISOR'S NAME		AVERAGE HOURS PER WEEK

**DESCRIPTION OF YOUR DUTIES**

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LIST ANY ADDITIONAL EXPERIENCE/INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

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**CERTIFICATION:** I certify that all information on this and all attached pages is true, correct, and complete to the best of my knowledge and contains no willful falsifications or misrepresentations.      **RESUME ATTACHED?**      **YES**      **NO**

SIGNATURE	SOCIAL SECURITY NO. (Last 4 digits only)	DATE
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## DBE UNIFORM CERTIFICATION APPLICATION SUPPORTING DOCUMENTS CHECKLIST

In order to complete your application for DBE certification, you must attach copies of all of the following documents as they apply to you and your firm.

### All Applicants

Work experience resumes (that include places of ownership/employment with corresponding dates), for all owners and officers of your firm  
 Personal Financial Statement (form available with this application)  
 Personal tax returns for the past three years, if applicable, for each owner claiming disadvantaged status  
 Your firm's tax returns (gross receipts) and all related schedules for the past three 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 leased and signed lease agreements  
 List of construction equipment and/or vehicles owned and titles/proof of ownership  
 Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past two 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 and SBA 8(a) or SDB certifications, denials, and/or decertifications, if applicable  
 Bank authorization and signatory cards  
 Schedule of salaries (or other compensation or remuneration) paid to all officers, managers, owners, and/or directors of the firm  
 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) and registration certificate(s) for each truck owned or operated by your firm  
 List of U.S. DOT numbers for each truck owned or operated by your firm

### Regular Dealer

Proof of warehouse ownership or lease  
 List of product lines carried  
 List of distribution equipment owned and/or leased

**NOTE: The specific state 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.**