

**DISADVANTAGED BUSINESS ENTERPRISE PROGRAM
TITLE 49 OF THE CODE OF FEDERAL REGULATIONS, PART 26**

UNIFIED 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 \$20.41 million in gross annual 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 attach the required documents listed in the *Documents Check List* at the end of this form with your completed application.

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://osdbuweb.dot.gov/business/dbe/index.html> (this site provides useful links to the rules and regulations governing the DBE program, questions and answers, and other pertinent information)
- SBA - <http://www.ntis.gov/naics> (provides a listing of NAICS codes) and <http://www.sba.gov/size/index/tableofsize.html> (provides a listing of NAICS codes)
- 49 CFR Part 26 (the rules and regulations governing the DBE program)

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, Governmentwide Debarment 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.

DBE Unified Certification Application

SECTION 1: COMPANY INFORMATION

A. General Information

1. *Legal name of business:		2. *Other names used by business:	
3. Website (<i>if have one</i>):		4. *Federal tax ID:	
5. *Company phone #:	6. Other phone #:	7. Company fax #:	
8. E-mail communications: <input type="checkbox"/> Yes <input type="checkbox"/> No		9. *County	
10. *Street address of firm (<i>No P.O. box</i>):		City:	State: Zip:
11. Mailing address of firm (<i>if different</i>):		City:	State: Zip:

*Indicates required field

SECTION 2: COMPANY OWNERS AND REPRESENTATIVES

Instructions:

- This application must include every individual with ownership in the firm, every individual who is an officer of the company or on the board of directors, and every employee with significant responsibilities as listed in section B.
- One of the individuals entered must be designated as the company contact. The company contact will be the person to whom future correspondence will be addressed.
- If necessary, copy the pages of this application to enter information for additional individuals.
 - ⇒ At the top of each page is a place for the owner or representative's name. This is critical if your application has more than one individual—it will allow you to keep track of which owner or representative the information pertains to.

A. General Information (Company Owner or Representative)

1. *Name (first, middle initial, last):	2. *Role: <input type="checkbox"/> Company Owner <input type="checkbox"/> Company Representative	3. *Title:
4. *Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	5. *Ethnic group membership (<i>check all that apply</i>): <input type="checkbox"/> White Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Other (<i>specify</i>) _____	
6. *Salary: \$ _____		
7. Phone #: (____) _____ - _____ ext _____		
8. *Is this owner or representative the company contact? (<i>One, and only one, owner or representative must be designated as the company contact.</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. *Enable online account? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter email address: _____		

*Indicates required field

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Name (first, middle initial, last):

B. Responsibilities (Company Owner or Representative)

1.	Check all that apply:		
<input type="checkbox"/>	Financial decisions (responsible for acquisition of lines of credit, surety bonding, supplies, etc.)	<input type="checkbox"/>	Estimating and bidding
<input type="checkbox"/>	Negotiating and contract execution	<input type="checkbox"/>	Hiring/firing of management personnel
<input type="checkbox"/>	Field/production operations supervisor	<input type="checkbox"/>	Office management
<input type="checkbox"/>	Marketing/sales	<input type="checkbox"/>	Purchasing of major equipment
<input type="checkbox"/>	Authorized to sign company checks (for any purpose)	<input type="checkbox"/>	Authorized to make financial transactions
2.	*Is the employee an officer of the company?	<input type="checkbox"/> Yes	If Yes, date appointed: ___ / ___ / ___
		<input type="checkbox"/> No	
3.	*Is the employee a member of the board of directors?	<input type="checkbox"/> Yes	If Yes, date appointed: ___ / ___ / ___
		<input type="checkbox"/> No	
4.	Please list any businesses this individual owns or works for that have relationships with this company:		
	Business Name	Relationship	Title
	Function		
	1.		
	2.		
	3.		
5.	Please list any management or supervisory roles this individual has in other businesses:		
	Business Name	Title	Function
	1.		
	2.		
	3.		

*Indicates required field

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Name (first, middle initial, last):

Instructions:

- Owner information must be provided for every company owner, regardless of the percentage of ownership. If necessary, copy the pages of this application to add additional owners.

C. Personal Information (Company Owner)

1.	*Home address (street and number):	City:	State:	Zip:
2.	*Home phone #:	3.	*Ownership percentage:	4. *Married status: <input type="checkbox"/> Married <input type="checkbox"/> Single
5.	*U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	6.	If No, legal permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7.	Familial relationship to other owners:			
8.	Has any trust been created for the benefit of this disadvantaged owner? If Yes, explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	*Number of years as an owner?			
10.	Please list all investments made to acquire current ownership stake in the company:			
	Date	Ownership %	# of Shares	Share Class
*1.				Investment
				Cash \$
				Real Estate \$
				Equipment \$
				Other \$
2.				Cash \$
				Real Estate \$
				Equipment \$
				Other \$
3.				Cash \$
				Real Estate \$
				Equipment \$
				Other \$
11.	Do any of your immediate family members own or manage another company?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, then list (use additional space if needed):			
	Name	Relationship	Company	Type of Business
	Own or Manage?			
1.				
2.				
3.				

*Indicates required field

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Name (first, middle initial, last):

Instructions:

- Complete the following worksheets first, then use the information to complete the balance sheet at the end of the section.
- Complete all fields of an applicable worksheet. For example, if an owner has stocks, be sure to provide Security Name, Number of Shares, and Year-end Market Value per Share.
- If more than one owner is applying, supply the following information for each owner (*make copies of these pages if necessary*).

D. Personal Net Worth Worksheets (*Required for all owners*)

Enter year for which the following net worth worksheets apply:
--

Life Insurance Worksheet			
Insurance Company	Face Amount	Cash Surrender Value	Beneficiaries
1.			
2.			
3.			
4.			

Stocks and Bonds Worksheet		
Security Name	Number of Shares	Year-end Market Value per Share
1.		
2.		
3.		
4.		

Unpaid Taxes Worksheet	
Type of Tax	Amount
1.	
2.	
3.	
4.	

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Name (first, middle initial, last):

Real Estate and Real Estate Mortgages Worksheet				
Type of Property	Street Address	Date Purchased	Original Cost	Current Estimated Value
1.				
<p>Is there a mortgage on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, complete the mortgage holder information for each mortgage on the property.)</i></p> <p>Name of mortgage holder: _____ Mortgage balance: \$ _____</p> <p>Mortgage holder address: Street (No P.O. box): _____ City: _____ State: _____ Zip: _____</p>				
Type of Property	Street Address	Date Purchased	Original Cost	Current Estimated Value
2.				
<p>Is there a mortgage on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, complete the mortgage holder information for each mortgage on the property.)</i></p> <p>Name of mortgage holder: _____ Mortgage balance: \$ _____</p> <p>Mortgage holder address: Street (No P.O. box): _____ City: _____ State: _____ Zip: _____</p>				
Type of Property	Street Address	Date Purchased	Original Cost	Current Estimated Value
3.				
<p>Is there a mortgage on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, complete the mortgage holder information for each mortgage on the property.)</i></p> <p>Name of mortgage holder: _____ Mortgage balance: \$ _____</p> <p>Mortgage holder address: Street (No P.O. box): _____ City: _____ State: _____ Zip: _____</p>				

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Name (first, middle initial, last):

Other Personal Property Worksheet		
Asset Name	Asset Type	Current Estimated Value
1.		
2.		
3.		
4.		

Other Assets Worksheet		
Asset Name	Asset Type	Current Estimated Value
1.		
2.		
3.		
4.		

Notes Payable Worksheet						
Noteholder Name	Noteholder Address	Original Balance	Current Balance	Payment Amount	Payment Frequency	Collateral Type
1.						
2.						
3.						
4.						

Other Liabilities Worksheet	
Liability	Amount
1.	
2.	
3.	
4.	

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Name (first, middle initial, last):

E. Personal Net Worth Statement *(Required for all owners)*

Balance Sheet			
Assets	(Omit cents)	Liabilities	(Omit cents)
Cash on hand and in banks:	\$	Accounts payable:	\$
Savings accounts:	\$	Notes payable to banks and others (worksheet):	\$
IRA or other retirement accounts:	\$		
Accounts and notes receivable:	\$	Installment account (other):	\$
Life insurance (worksheet):	\$	Loan on life insurance:	\$
Stocks and bonds (worksheet):	\$	Unpaid taxes (worksheet):	\$
Real estate (worksheet):	\$	Mortgages on real estate (worksheet):	\$
Automobiles-estimated current value:	\$	Installment account (auto):	\$
Other personal property (worksheet):	\$		
Other assets (worksheet):	<u>\$</u>	Other liabilities (worksheet):	<u>\$</u>
Total assets:	\$	Total liabilities:	\$
(minus total liabilities)	<u>(-\$)</u>		
Owner net worth:	\$	Year: _____	

SECTION 3: CERTIFICATION INFORMATION

A. Prior/Other Certifications, Applications, and Privileges

*Is your firm currently certified as a DBE in its home state? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, name of certifying agency:
If Yes, has your firm's state UCP conducted an on-site visit? <input type="checkbox"/> No <input type="checkbox"/> Yes, on ___/___/___, in State _____	
*Has your firm (under any name) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application for any of the programs listed above, or ever been denied certification, decertified, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity? <input type="checkbox"/> Yes, on ___/___/___ <input type="checkbox"/> No If Yes, identify State and name of state, local, or Federal agency and explain the nature of the action:	

*Indicates required field

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B. Business Profile

1. *Date the firm was established: ___/___/___	2. *I/We have owned this firm since: ___/___/___
3. *Method of acquisition (<i>check all that apply</i>):	
<input type="checkbox"/> Started new <input type="checkbox"/> Inherited <input type="checkbox"/> Purchased existing <input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Secured concession <input type="checkbox"/> Other (<i>explain</i>)	
4. *Number of employees: Full time _____ Part time _____	
5. *Legal structure (<i>check all that apply</i>):	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> C-Corporation	
6. *Has your firm ever existed under different ownership, a different type of ownership, or a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No, If Yes, explain:	
7. *Does this firm rely on any other firm for management functions or employee payroll? <input type="checkbox"/> Yes <input type="checkbox"/> No, If Yes, explain:	
8. *Specify the annual gross receipts of the firm for the last 3 complete fiscal years:	
	Year _____ Total receipts \$ _____
	Year _____ Total receipts \$ _____
	Year _____ Total receipts \$ _____
9. *Type(s) of work (<i>NAICS code will be assigned based on type of work description. Provide as much description as possible.</i>)	
a. Type of work description:	
b. Type of work description:	
c. Type of work description:	

*Indicates required field

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C. Other Business Relationships

1.	<p>*Is your company 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, provide the following for each occurrence.)</i></p> <p>a. If Yes, identify other company's name: _____ Tax ID Number: _____ _____ Explain nature of shared facilities and relationship to business:</p> <p>b. If Yes, identify other company's name: _____ Tax ID Number: _____ _____ Explain nature of shared facilities and relationship to business:</p>																
2.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; vertical-align: top;">*At present, or at any time in the past, has:</td> <td style="width: 60%;"> a. This company been a subsidiary of any other firm? </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td></td> <td>b. This company consisted of a partnership in which one or more of the partners are other companies?</td> <td style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td></td> <td>c. Any company owned more than 5% of this company?</td> <td style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td></td> <td>d. This company had any subsidiaries?</td> <td style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td></td> <td>e. This company owned 5% or more of any other company?</td> <td style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>	*At present, or at any time in the past, has:	a. This company been a subsidiary of any other firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No		b. This company consisted of a partnership in which one or more of the partners are other companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No		c. Any company owned more than 5% of this company?	<input type="checkbox"/> Yes <input type="checkbox"/> No		d. This company had any subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No		e. This company owned 5% or more of any other company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
*At present, or at any time in the past, has:	a. This company been a subsidiary of any other firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No															
	b. This company consisted of a partnership in which one or more of the partners are other companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No															
	c. Any company owned more than 5% of this company?	<input type="checkbox"/> Yes <input type="checkbox"/> No															
	d. This company had any subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No															
	e. This company owned 5% or more of any other company?	<input type="checkbox"/> Yes <input type="checkbox"/> No															
3.	<p>If you answered "Yes" to any of the questions above, identify the following for each <i>(use additional space if needed)</i>:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%; text-align: center;">Type of Business</th> <th style="width: 30%; text-align: center;">Nature of Relationship</th> <th style="width: 20%; text-align: center;">Address</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">1.</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="vertical-align: top;">2.</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="vertical-align: top;">3.</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Type of Business	Nature of Relationship	Address	1.				2.				3.			
	Type of Business	Nature of Relationship	Address														
1.																	
2.																	
3.																	

*Indicates required field

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D. Equipment, Vehicles and Facilities

Indicate your firm's inventory in the following categories.

Equipment			
Type of Equipment	Make/Model	Current Value	Owned or Leased?
a.			
b.			
c.			
d.			

Vehicles			
Type of Vehicle	Make/Model	Current Value	Owned or Leased?
a.			
b.			
c.			
d.			

Office space		
Street Address	Owned or Leased?	Current Value of Property or Lease
a.		
b.		
c.		
d.		

Storage space		
Street Address	Owned or Leased?	Current Value of Property or Lease
a.		
b.		
c.		

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E. Financial Information

Banking Information			
1.	Name of bank:	Officer name:	Bank phone: () -
	Street address:		
2.	Name of bank:	Officer name:	Bank phone: () -
	Street address:		
3.	Name of bank:	Officer name:	Bank phone: () -
	Street address:		
4.	Name of bank:	Officer name:	Bank phone: () -
	Street address:		

Bonding Information <i>(If you have bonding capacity, identify)</i>			
1.	Name of agent or broker:	Binder number:	Agent or broker phone: () -
	Aggregate bonding limit: \$	Project bonding limit: \$	Street address:
2.	Name of agent or broker:	Binder number:	Agent or broker phone: () -
	Aggregate bonding limit: \$	Project bonding limit: \$	Street address:
3.	Name of agent or broker:	Binder number:	Agent or broker phone: () -
	Aggregate bonding limit: \$	Project bonding limit: \$	Street address:
4.	Name of agent or broker:	Binder number:	Agent or broker phone: () -
	Aggregate bonding limit: \$	Project bonding limit: \$	Street address:

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Loan Information

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.

1.	Name of source:	Name of person securing the loan:	Source phone: (____)____-_____
	Loan amount: \$	Loan purpose:	Street address:
2.	Name of source:	Name of person securing the loan:	Source phone: (____)____-_____
	Loan amount: \$	Loan purpose:	Street address:
3.	Name of source:	Name of person securing the loan:	Source phone: (____)____-_____
	Loan amount: \$	Loan purpose:	Street address:

Asset Transfers

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

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

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F. Licenses and Permits

License/Permit Information		
<i>List current licenses/permits held by any owner and/or employee of your firm (e.g., contractor, engineer, architect, etc.)</i>		
1.	License/permit holder: Name/Type of License/Permit:	State: License/Permit number: Expiration date: ____ / ____ / ____
2.	License/permit holder: Name/Type of License/Permit:	State: License/Permit number: Expiration date: ____ / ____ / ____
3.	License/permit holder: Name/Type of License/Permit:	State: License/Permit number: Expiration date: ____ / ____ / ____
4.	License/permit holder: Name/Type of License/Permit:	State: License/Permit number: Expiration date: ____ / ____ / ____

G. Contracts

Three largest contracts		
<i>List the three largest contracts completed by this firm in the past three years.</i>		
1.	Customer: Location of project:	Prime contractor: Type of work performed: Name of project: Dollar value of contract: \$
2.	Customer: Location of project:	Prime contractor: Type of work performed: Name of project: Dollar value of contract: \$
3.	Customer: Location of project:	Prime contractor: Type of work performed: Name of project: Dollar value of contract: \$

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Current jobs				
<i>List all jobs this firm is currently working on.</i>				
1.	Customer:	Prime contractor:	Name of project:	Project number:
	Location of project:	Type of work performed:	Start date: ___ / ___ / ___ Finish date (projected): ___ / ___ / ___	Dollar value of project: \$
2.	Customer:	Prime contractor:	Name of project:	Project number:
	Location of project:	Type of work performed:	Start date: ___ / ___ / ___ Finish date (projected): ___ / ___ / ___	Dollar value of project: \$
3.	Customer:	Prime contractor:	Name of project:	Project number:
	Location of project:	Type of work performed:	Start date: ___ / ___ / ___ Finish date (projected): ___ / ___ / ___	Dollar value of project: \$
4.	Customer:	Prime contractor:	Name of project:	Project number:
	Location of project:	Type of work performed:	Start date: ___ / ___ / ___ Finish date (projected): ___ / ___ / ___	Dollar value of project: \$
5.	Customer:	Prime contractor:	Name of project:	Project number:
	Location of project:	Type of work performed:	Start date: ___ / ___ / ___ Finish date (projected): ___ / ___ / ___	Dollar value of project: \$

H. Other Information

<p>*Are you a trucking firm? (If Yes, attach proof of ownership of a fully operational truck and trailer. Documentation should include insurance and titles.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*Are you a regular dealer? (If Yes, attach proof of warehouse, product lines carried, and distribution equipment.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

*Indicates required field

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CHECKLIST

DBE UNIFIED 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

- Proof of ethnicity.
- Lease/rental/purchase agreements for all real estate including office and storage space.
- Licenses, registrations, and permits.
- Documented proof of contributions used to acquire ownership for each owner.
- Documentation from all active loan, security, and bond agreements.
- Annual financial business statement from most recent year.
- Past 3 years of signed personal Federal income tax returns for all owners (copies of all schedules and forms referenced by the tax returns must be included).
- Documentation for all equipment and vehicles leased or purchased.
- Current resume of owner(s) and key personnel.
- Prior DBE certification denial (if denied, please provide correspondence).
- Copies of bank account signature cards.
- Personal Net Worth statement for all owners for the most recent year (form available with this application).
- Documented proof of any transfers of assets to-or-from your firm and/or to-or-from any of its owners.
- Trust agreements held by any owner claiming disadvantaged status.

Sole Proprietorship

- Sole proprietorship verification.
- Form 1040 (copies of all schedules and forms referenced by the tax returns must be included).

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Partnership (all types)

- Registration with the Secretary of State's office.
- Copies of all meeting minutes from the past 3 years.
- K-1s.
- Partnership return (copies of all schedules and forms referenced by the tax returns must be included).
- Partnership agreement.

Corporation (S & C)

- Registration with the Secretary of State's office.
- Copies of all meeting minutes from the past 3 years.
- K-1s.
- Articles of incorporation.
- Corporate return (copies of all schedules and forms referenced by the tax returns must be included).
- Stock certificates.
- Stock transfer ledger.
- Corporate by-laws or code of regulations.

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Limited Liability Company (LLC)

- Registration with the Secretary of State's office.
- Copies of all meeting minutes from the past 3 years.
- K-1s.
- Corporate return (copies of all schedules and forms referenced by the tax returns must be included).
- Stock certificates.
- Stock transfer ledger.
- Corporate by-laws or code of regulations.
- Articles of organization.
- Operating agreement.

Trucking 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.

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.

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 PURSANT 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 governmental agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of 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 or books, records, documents and filed, in whatever form they exist, of the named firm and its affiliates, inspection of its place(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquires 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 misrepresentation 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 socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Disadvantaged Business Enterprise (DBE). 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) (circle 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 \$750,000, 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.

Executed on _____ (Date)

Signature _____

(DBE Applicant)

NOTARY CERTIFICATE