

RETURN AFFIDAVIT TO:

MINORITY BUSINESS ENTERPRISE OFFICE
MARYLAND DEPARTMENT OF TRANSPORTATION
7201 CORPORATE CENTER DRIVE
P.O. BOX 548
HANOVER, MARYLAND 21076
410-865-1269
1-800-544-6056



Complete all items, if an item does not apply, mark "N.A."

Use separate sheet(s) for additional information.

**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 \$19.57 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 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://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/indextableofsize.html> (provides a listing of NAICS codes)
49 CFR Part 26 (the rules and regulations governing the DBE program)

Under Sec. 26.107 of 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 Suspension (nonprocurement) and Governmentwide Requirements for Drug-free Workplace (grants), take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under U.S.C. 1001, which prohibits false statements in Federal programs.



A. Prior/Other Certifications

Section 1: CERTIFICATION INFORMATION

Is your firm currently certified for any of the following programs? If Yes, check appropriate box(es)	<input type="checkbox"/> DBE	Name of certifying agency: _____
	Has your firm's state UCP conducted an on-site visit? <input type="checkbox"/> Yes, on Date: _____ State: ____ <input type="checkbox"/> No	
	<input type="checkbox"/> 8(a) <input type="checkbox"/> SDB	STOP! If you checked either the 8(a) or SDB box, you <u>may not</u> have to complete this application. Ask your state UCP about the streamlined application process under the SBA-DOT MOU

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 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?

Yes, on Date: _____ No

If yes, identify State and name of state, local or Federal agency and explain the natural of the action:

A. Contact Information

Section 2: GENERAL INFORMATION

(1) CONTACT PERSON	
Name _____	(3) Phone # _____
Title _____	(4) Other Phone _____
(2) Legal name of firm: _____	
(5) Fax #: _____	(6) E-mail: _____
(7) Website (if you have one): _____	
(8) Street address of firm (No P.O.Boxes)	
Address 1 _____	City _____ County/Parish: _____
Address 2 _____	State _____ Zip Code _____
(9) Mailing address of firm (if different):	
Address 1 _____	City _____ County/Parish: _____
Address 2 _____	State _____ Zip Code _____

B. Business Profile

(1) Describe the primary activities of your firm: _____ _____	(2) Federal Tax ID (if any): _____
(3) This firm was established on Date: _____	(4) I/We have owned this firm since Date: _____
(5) Method of acquisition (check all that apply):	
<input type="checkbox"/> Start new business <input type="checkbox"/> Bought existing business <input type="checkbox"/> Inherited business <input type="checkbox"/> Secured concession <input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Other (explain) _____	
(6) Is your firm "for profit"? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.	

(7) Type of firm (check all that apply):

Sole Proprietorship

Partnership

Corporation

Limited Liability Partnership

Limited Liability Company

Joint Venture

Other, Describe: _____

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

Yes No

If Yes, explain:

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

(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?

Yes No

If 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(b) consisted of a partnership in which one or more of the partners are other firms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(c) owned any percentage of any other firm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(d) had any subsidiaries?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 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
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

D. Immediate Family Member Businesses

Do any of your immediate family members own or manage another company? Yes No

If Yes, then list (attach extra sheets, if needed):

Name	Relationship	Company	Type of Business	Own or Manage?
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____



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, duplicate and attach separate sheets for each additional owner):

A. Background Information

Form A: Background Information. Fields include: (1) Name, (2) Title, (3) Home Phone #, (4) Home Address (street and number), (5) Gender, (6) Ethnic group membership, (7) U.S. Citizen, (8) Lawfully Admitted Permanent Resident.

B. Ownership Interest

Form B: Ownership Interest. Fields include: (1) Number of years as owner, (2) Initial investment to acquire ownership interest in firm, (3) Percentage owned, (4) Familial relationship to other owners, (5) Shares of Stock, (6) Does this owner perform a management or supervisory function for any other business?, (7) Does this owner own or work for any other firm(s) that has a relationship with this firm.

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)

Form C: Disadvantaged Status. Fields include: (1) What is the Personal Net Worth (PNW) of the owner(s) applying for DBE qualification?, (2) Has any trust been created for the benefit of this disadvantaged owner(s)?



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?
 Yes No
 If Yes, identify for each: Person: _____ Title: _____
 Business: _____ Function: _____

(4) Do any of the person listed (1) and/or (2) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc)? Yes No
 If Yes, identify for each: Firm Name: _____ Person: _____
 Nature of Business Relationship: _____

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. _____	_____	_____	_____
(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) have perform a management or supervisory function for any other business?

Yes No

If Yes, identify for each: Person: _____ Title: _____

Business: _____ Function: _____

(12) Do any of the persons listed in (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.)? Yes No

If Yes, identify for each: Firm Name: _____ Person: _____

Nature of Business Relationship: _____

C. Indicate your firm's inventory in the following categories (attach additional sheets if needed)

(1) Equipment

Type of Equipment	Make / Model	Current Value	Owned or Leased?
(a) _____	_____	_____	_____
(b) _____	_____	_____	_____
(c) _____	_____	_____	_____

(2) Vehicles

Type of Vehicle	Make / Model	Current Value	Owned or Leased?
(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? Yes No

If Yes, explain:

E. Financial Information

(1) Banking Information:

(a) Name of bank: _____ (b) Phone No: _____

(b) Address of bank: _____ City: _____ State: ____ Zip: _____

(2) Bonding Information: If you have bonding capacity, identify:

- (a) Binder No: _____
- (b) Name of agent/broker: _____ (c) Phone No: _____
- (d) Address of agent/broker: _____ City: _____ State: ____ Zip: _____
- (e) Bonding limit: Aggregate limit _____ Project limit _____

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 Securing the Loan	Original Amount	Current Balance	Purpose of Loan
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners 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.					

Go to page 9 for further requirements



Required MDOT Specific Information:

K.

Name of Attorney _____

Address 1 _____ City _____ County/Parish: _____

Address 2 _____ State ____ Zip Code _____

Telephone #: _____

L.

Name of CPA _____

Address 1 _____ City _____ County/Parish: _____

Address 2 _____ State ____ Zip Code _____

Telephone #: _____

In addition to the required supporting documents listed on the DBE Uniform Certification Application checklist MDOT requires that the applicant:

- Submit resumes for Owner(s), Director(s), and all KEY PERSONNEL
- Submit documented proof of the contributions made for stock purchase
- Submit documented proof of minority status
- Submit the firm's last four quarterly unemployment reports
- If a corporation, submit the firm's first and last stockholder(s) and Board of Directors minutes
- Submit only the Personal Net Worth form for each individual whose ownership and control are relied upon for DBE certification
- IF IN BUSINESS FOR LESS THAN A YEAR: Submit a Business Plan



AFFIDAVIT OF CERTIFICATION

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

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

I _____ (full name printed), swear or affirm under penalty of law that I am _____ (title) of 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 certify that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Disadvantaged Business Enterprise (DBE). In support of my application. I certify that I am a member of one or more of the following groups, and that I have held myself out as a member of the group(s) (check all that apply):

I hereby certify that I am a (check all that apply):

- Female
- Black American
- Asian - Pacific American
- Hispanic American
- Native 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



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.



PERSONAL FINANCIAL STATEMENT

As of Date:

Name	<input type="text"/>	Business Phone	<input type="text"/>
Residence Address	<input type="text"/>	Residence Phone	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
Business Name of Applicant/Borrower	<input type="text"/>		
		Zip Code	<input type="text"/>

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand & in Banks	<input type="text"/>	Accounts Payable	<input type="text"/>
Savings Accounts	<input type="text"/>	Notes Payable to Banks and Others..... (Describe in Section 2)	<input type="text"/>
IRA or Other Retirement Account	<input type="text"/>	Installment Account (Auto).....	<input type="text"/>
Accounts & Notes Receivable	<input type="text"/>	Mo. Payments <input type="text"/>	<input type="text"/>
Life Insurance-Cash Surrender Value Only	<input type="text"/>	Installment Account (Other).....	<input type="text"/>
(Complete Section 8)		Mo. Payments <input type="text"/>	<input type="text"/>
Stocks and Bonds	<input type="text"/>	Loan on Life Insurance	<input type="text"/>
(Describe in Section 3)		Mortgages on Real Estate	<input type="text"/>
(Do not include ownership interest in applicant firm.)		(Describe in Section 4)	
Real Estate	<input type="text"/>	(Do not include primary residence.)	
(Describe in Section 4)		Unpaid Taxes	<input type="text"/>
(Do not include primary residence.)		(Describe in Section 6)	
Automobile-Present Value	<input type="text"/>	Other Liabilities.....	<input type="text"/>
Other Personal Property	<input type="text"/>	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities.....	\$0.00
Other Assets.....	<input type="text"/>	Net Worth	\$0.00
(Describe in Section 5)			
Total	\$0.00		

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

Description of Other Income in Section 1.

<input type="text"/>
<input type="text"/>
<input type="text"/>

*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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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)

[Empty text box for Section 5]

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.)

[Empty text box for Section 6]

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

[Empty text box for Section 7]

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

[Empty text box for Section 8]

I authorized MDOT/MBE 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 their 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: _____



INSTRUCTIONS FOR COMPLETING THE DISADVANTAGED BUSINESS ENTERPRISE (DBE) PROGRAM UNIFORM CERTIFICATION APPLICATION

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

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

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

NOTE: If your firm is currently certified under the SBA's 8(a) and/or SDB programs, you may not have to complete this application. You should contact your state UCP to find out about a streamlined application process for firms that are already certified under the 8(a) and SDB programs

B. B. Prior/Other Applications and Privileges

Indicate whether your firm or any of the persons listed has ever withdrawn an application for a DBE program or an SBA 8(a) or SDB program, or whether any have ever been denied certification, decertified, debarred, suspended, or had bidding privileges denied or restricted by any state or local agency or Federal entity. If your answer is yes, indicate the date of such action, identify the name of the agency, and explain fully the nature of the action in the space provided.

- (4) Give the date on which you and/or each other owner took ownership of the firm.
(5) Check the appropriate box that describes the manner in which you and each other owner acquired ownership of your firm. If you checked "Other," explain in the space provided.
(6) Check the appropriate box that indicates whether your firm is "for profit."
NOTE: If you checked "No," then you do NOT qualify for the DBE program and therefore do not need to complete the rest of this application. The DBE program requires all participating firms be for-profit enterprises.
(7) Check the appropriate box that describes the legal form of ownership of your firm, as indicated in your firm's Articles of Incorporation. If you checked "Other," briefly explain in the space provided
(8) Check the appropriate box that indicates whether your firm has ever existed under different ownership, a different type of ownership, or a different name. If you checked "Yes," specify which and briefly explain the circumstances in the space provided.

Section 2: GENERAL INFORMATION

A. Contact Information

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

- (9) Indicate in the spaces provided how many employees your firm has, specifying the number of employees who work on a full-time and part-time basis.
(10) Specify the total gross receipts of your firm for each of the past three years, as declared in your firm's filed tax returns.

C. Relationships with Other Businesses

- (1) Check the appropriate box that indicates whether your firm is co-located at any of its business locations, or whether your firm shares a telephone number(s), a post office box, any office space, a yard, warehouse, other facilities, any equipment, or any office staff with any other business, organization, or entity of any kind. If you answered "Yes," then specify the name of the other firm(s) and briefly explain the nature of the shared facilities or other items in the space provided.
(2) Check the appropriate box that indicates whether at present, or at any time in the past:
(a) your firm has been a subsidiary of any other firm;
(b) your firm consisted of a partnership in which one or more of the partners are other firms;
(c) your firm has owned any percentage of any other firm; and
(d) your firm has had any subsidiaries of its own.
(3) Check the appropriate box that indicates whether any other firm has ever had an ownership interest in your firm.

B. Business Profile

- (1) In the box provided, briefly describe the primary business and professional activities in which your firm engages.
(2) Give the Federal Tax ID number of your firm as provided on your firm's filed tax returns, if you have one. This could also be the Social Security number of the owner of your firm.
(3) Give the date on which your firm was officially established, as stated in your firm's Articles of Incorporation.



- (4) If you answered "Yes" to any of the questions in (2)(a)-(d) or (3), identify the name, address and type of business for each

D. Immediate Family Member Businesses

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

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below (if your firm has more than one owner, provide completed copies of this section for each additional owner):

A. Background Information

- (1) Give the name of the owner.
- (2) State his/her title or position within your firm
- (3) Give his/her home phone number.
- (4) State his/her home (street) address.
- (5) Check the appropriate box that indicates this owner's gender.
- (6) Check the appropriate box that indicates this owner's ethnicity (check all that apply). If you checked "Other," specify this owner's ethnic group/identity not otherwise listed.
- (7) Check the appropriate box to indicate whether this owner is a U.S. citizen.
- (8) If this owner is not a U.S. citizen, check the appropriate box that indicates whether this owner is a lawfully admitted permanent resident. If this owner is neither a U.S. citizen nor a lawfully admitted permanent resident of the U.S., then this owner is NOT eligible for certification as a DBE owner. This, however, does not necessarily disqualify your firm altogether from the DBE program if another owner is a U.S. citizen or lawfully admitted permanent resident and meets the program's other qualifying requirements.

B. Ownership Interest

- (1) State the number of years during which this owner has been an owner of your firm.
- (2) Indicate the dollar value of this owner's initial investment to acquire an ownership interest in your firm, broken down by cash, real estate, equipment, and/or other investment.
- (3) State the percentage of total ownership control of your firm that this owner possesses.
- (4) State the familial relationship of this owner to
- (5) Indicate the number, percentage of the total, **each other owner of your firm.** class, date acquired, and method by which this owner acquired his/her shares of stock in your firm.

- (6) Check the appropriate box that indicates whether this owner performs a management or supervisory function for any other business. If you checked "Yes," state the name of the other business and this owner's title or function held in that business.

- (7) Check the appropriate box that indicates whether this owner owns or works for any other firm(s) that has any relationship with your firm. If you checked "Yes," identify the name of the other business and this owner's title or function held in that business. Briefly describe the nature of the business relationship in the space provided.

C. Disadvantaged Status

NOTE: You only need to complete this section for each owner that is applying for DBE qualification (i.e. for each owner who is claiming to be "socially and economically disadvantaged" and whose ownership interest is to be counted toward the control and 51% ownership requirements of the DBE program)

- (1) Indicate in the space provided the total Personal Net Worth (PNW) of each owner who is applying for DBE qualification. Use the PNW calculator form at the end of this application to compute each owner's PNW.
- (2) Check the appropriate box that indicates whether any trust has ever been created for the benefit of this disadvantaged owner. If you answered "Yes," briefly explain the nature, history, purpose, and current value of the trust(s).

Section 4: CONTROL

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

- (1) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each officer of your firm.
- (2) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each individual serving on your firm's Board of Directors.
- (3) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above perform a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.

(4) Check the appropriate box that indicates whether

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

- B. Identify your firm's management personnel (by name, title, ethnicity, and gender) who control your firm in the following areas:



- (1) Making of financial decisions on your firm's behalf, including the acquisition of lines of credit, surety bonds, supplies, etc.;
- (2) Estimating and bidding, including calculation of cost estimates, bid preparation and submission;
- (3) Negotiating and contract execution, including participation in any of your firm's negotiations and executing contracts on your firm's behalf;
- (4) Hiring and/or firing of management personnel, including interviewing and conducting performance evaluations;
- (5) Field/Production operations supervision including site supervision, scheduling, project management services, etc.;
- (6) Office management;
- (7) Marketing and sales;
- (8) Purchasing of major equipment;
- (9) Signing company checks (for any purpose); and
- (10) Conducting any other financial transactions on your firm's behalf not otherwise listed.
- (11) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.
- (12) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the name of the person, and the nature of his/her business relationship with that other firm.

C. Indicate your firm's inventory in the following categories:

(1) Equipment

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

(2) Vehicles

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

(3) Office Space

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

(4) Storage Space

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

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

Check the appropriate box that indicates whether your firm relies on any other firm for management functions or for employee payroll. If you answered

"Yes," briefly explain the nature of that reliance and the extent to which the other firm carries out such functions.

E. Financial Information

(1) Banking Information

- (a) State the name of your firm's bank.
- (b) Give the main phone number of your firm's bank branch.
- (c) Give the address of your firm's bank branch.

(2) Bonding Information

- (a) State your firm's Binder Number.
- (b) State the name of your firm's bond agent and/or broker.
- (c) Give your agent's/broker's phone number.
- (d) Give your agent's/broker's address.
- (e) State your firm's bonding limits (in dollars), specifying both the Aggregate and Project Limits.

F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of persons or firms securing the loan, if other than the listed owner:

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

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

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

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

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

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

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

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

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

AFFIDAVIT & SIGNATURE

Carefully read the attached affidavit in its entirety. Fill in the required information for each blank space, and sign and date the affidavit in the presence of a Notary Public, who must then notarize the form.

BUSINESS PLAN

The Business Plan describes a company's past and current operations, and projects how the company will obtain its future goals.

Section I - General Information

A. Business Description:

1. Business Name: _____

2. Office Address: _____

Office Telephone Number: _____

3. Field Address: _____

Field Telephone Number: _____

B. Major Equipment Owned and Storage Location:

1. _____

2. _____

3. _____

4. _____

5. _____

C. Market and Competition - Identify your firm's market area and five competitors within that market area (e.g., Baltimore City, Baltimore County, etc.)

1. _____

2. _____

3. _____

4. _____

5. _____

D. Identify your company's management team and their areas of expertise.

1. _____

2. _____

3. _____

4. _____

5. _____

Do any of the members of the management team have other employment?

E. **Business Goals** - Indicate your expectations for the growth of your business for the next year.

Section II - Products and/or Services

A. Give a description of each product and/or service provided by your company. Indicate also the Standard Industrial Classification (SIC)/North American Industry Classification System Code for each item (if known).

B. List the names of suppliers and/or equipment rental services you have utilized.

Section III - Marketing Strategy

A. Describe your overall marketing strategy to include the following: the kinds of customers you intend to contact; means of contact; what aspect of your product or service you will emphasize in your selling plan (price, quality of service, etc.)

Section IV - Additional Employees/Equipment

A. List sources used for hiring additional employees when needed.

B. List sources used for leasing/procuring/acquiring additional equipment.
