US Department of Transportation (DOT) Disadvantaged Business Enterprise (DBE) and Airport Concession DBE (ACDBE) Program

Certification Process and Requirements

ACC, Inc.
January 28, 2015
What is the DOT DBE Program?

The DOT DBE Program is a federal program applicable to projects that are funded with federal funds received through grants from the one of the DOT Modal Agencies - FAA, FHWA or FTA.

The program is governed by the Code of Federal Regulations (CFR) Title 49 Part 26
What is the FAA ACDBE Program?

The FAA ACDBE Program is a federal program applicable to AIRPORT CONCESSIONS.

The program is governed by the Code of Federal Regulations (CFR) Title 49 Part 23
DOT DBE Program Objectives

The program is designed to accomplish the following objectives:

• To ensure nondiscrimination in the award and administration of DOT-assisted contracts;

• To create a level playing field on which DBEs can compete fairly for DOT-assisted contracts;

• To ensure that the Department’s DBE program is narrowly tailored in accordance with applicable law;

• To ensure that only firms that fully meet this part’s eligibility standards are permitted to participate as DBEs;

• To help remove barriers to the participation of DBEs in DOT-assisted contracts;

• To promote the use of DBEs in all types of federally-assisted contracts and procurement activities conducted by recipients;

• To assist the development of firms that can compete successfully in the marketplace outside the DBE program; and

• To provide appropriate flexibility to recipients of Federal financial assistance in establishing and providing opportunities for DBEs.
## DBE Program History/Milestones

### Major Program Milestones

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1980</td>
<td>Congress passes and President Reagan signs first DBE statute (Surface Transportation Act of 1982). Set 10% national goal. Defined program as disadvantaged.</td>
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<td>1983</td>
<td>First DOT-wide MBE / WBE regulation</td>
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<td>1987</td>
<td>Adarand decision by the Supreme Court</td>
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<td>1995</td>
<td>Congress passes TEA-21, which endorses and continues the DBE program</td>
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<td>1998</td>
<td>New DBE Regulation (49 CFR Part 26) responds to Supreme Court mandates</td>
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<td>1999</td>
<td>ACDBE Regulation amended (49 CFR Part 23)</td>
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<td>2005</td>
<td>Part 26 amended to improve administration of the DBE program by increasing accountability for recipients with respect to meeting overall goals, modifying and updating certification requirements, adjusting the personal net worth (PNW) threshold for inflation, providing for expedited interstate certification, adding provisions to foster small business participation, improving post-award oversight, and addressing other issues.</td>
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<td>2011</td>
<td>Part 23 amended to adjust the personal net worth (PNW) threshold for inflation, suspend the third exemption in the ACDBE PNW definition, require increased program oversight, require analysis of goal achievement process and take corrective actions, require race-conscious goals when race-neutral goals are not being achieved, adjust ACDBE small business size standards for inflation, and address other</td>
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<td>2012</td>
<td></td>
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Components of the Program

- **DBE Program** – Written document containing information pertaining to how the DBE requirements will be administered.
- **Overall Goals (set triennially)** – Based on several factors, including the availability of DBE firms ready, willing and able to perform the work.
- **DBE Certification** – Performed by the California Unified Certification Program Certifying Agencies.
- **Contracting Activities** – Contract goals, Good Faith Efforts.
- **Monitoring and Enforcement** – Critical component, focus of current audits.
- **Reporting** – Performed annually.
DBE Definition

• Disadvantaged business enterprise or DBE means a for-profit small business concern—
  • (1) That is at least 51 percent owned by one or more individuals who are both socially and economically disadvantaged or, in the case of a corporation, in which 51 percent of the stock is owned by one or more such individuals; and
  • (2) Whose management and daily business operations are controlled by one or more of the socially and economically disadvantaged individuals who own it.
Small Business

- Small business concern means, with respect to firms seeking to participate as DBEs in DOT-assisted contracts, a small business concern as defined pursuant to section 3 of the Small Business Act and Small Business Administration regulations implementing it (13 CFR part 121) that also does not exceed the cap on average annual gross receipts specified in § 26.65(b).
Small Business

• The Small Business Act provides size standards by classification. For example:
  o Single-Family Residential construction – 236115 – $33.5 million (average annual gross receipt over the 3 most recent years)
  o Residential remodelers – 236118 – $33.5 million (average annual gross receipt over the 3 most recent years)
  o Electrical contractors – 238210 – $14.0 million (average annual gross receipt over the 3 most recent years)
  o Plumbing and HVAC Contractors – 238220 – $14.0 million (average annual gross receipt over the 3 most recent years)

• DOT cap on annual gross receipts
  o $23.98 million (average annual gross receipt over the 3 most recent years)

• Gross receipts earned by affiliate firms are included
Two-Step Small Business Test (DBE)

**Step 1**

Does the firm, and its affiliates exceed SBA limits?

A firm's gross receipts or number of employees (depending upon the industry) cannot exceed the SBA size standards which vary depending upon the type of work.

**Step 2**

Does it exceed DOT's overall size limits?

Gross receipts calculation is:

Average annual gross receipts over previous 3 fiscal years.
Gross receipts from taxes, not financial documents.

Part 26: $23.98 million
ACDBE Size Standards

- **Banks and financial institutions:** $1 billion in assets
- **Car rental companies:** $75.23 million average annual gross receipts over the firm's three previous fiscal years
- **Pay telephones:** 1,500 employees
- **Automobile dealers:** 350 employees
- **All other:** $56.42 million average annual gross receipts over the firm's three previous fiscal years
Socially and economically disadvantaged individual means any individual who is a citizen (or lawfully admitted permanent resident) of the United States and who is—

(1) Any individual who a recipient finds to be a socially and economically disadvantaged individual on a case-by-case basis.
(2) Any individual in the following groups, members of which are rebuttably presumed to be socially and economically disadvantaged:

(i) Black Americans  
(ii) Hispanic Americans  
(iii) Native Americans  
(iv) Asian-Pacific Americans  
(v) Subcontinent Asian Americans  
(vi) Women;  
(vii) Any additional groups whose members are designated as socially and economically disadvantaged by the SBA, at such time as the SBA designation becomes effective.
Economic Disadvantage

Personal Net Worth

- Disadvantaged owners may not have a personal net worth in excess of $1.32 million (excluding the value of the applicant business and equity in primary residence).
Ownership


- Ownership by disadvantaged individuals must be real, substantial and continuing, going beyond pro forma ownership of the firm as reflected in the ownership documents.
- Securities that constitute ownership must be held directly by disadvantaged persons.
  - Exceptions for trusts
- Rules regarding the use of expertise to acquire ownership are specific, do not rely on “sweat equity”. Disadvantaged owners contributing expertise as part of their contribution must still have a significant financial investment in the firm.
- Interest in a business obtained through a property settlement, court order in a divorce or legal separation, or inheritance may be counted.
- Gifts or transfers without adequate consideration from a non-disadvantaged individual or non-DBE may not be counted.
- Marital Assets held jointly or as community property that are used to acquire the ownership interest of one spouse may be counted providing that the other spouse irrevocably renounces and transfers all rights in the ownership interest to the spouse acquiring the interest. Otherwise, the ownership is held by both spouses if the ownership was acquired with joint or community assets.
- Other factors
Control

• Only an independent business can be certified
• No restrictions on control by disadvantaged individual(s)
• Disadvantaged owner(s) must have the power to make day-to-day and long-term decisions
• Disadvantaged owner(s) must have managerial and technical competence and experience directly related to the firm’s business
• Cannot engage in outside employment that conflicts with the management of the firm
• Disadvantaged owner must hold highest officer position
• Family-owned businesses must be controlled by disadvantaged individuals as distinct from family as a whole.
Other Requirements

• Firms must be owned by individuals as opposed to firms (with the exception of holding companies structured for tax purposes)

• Gifting of ownership interest is scrutinized

• Transfer of assets is scrutinized
Burden of Proof

- The applicant has the burden of demonstrating by a preponderance of the evidence that they meet the criteria for certification.
Certification and the California Unified Certification Program

- The California Unified Certification Program (CUCP) provides “one-stop shopping” certification services to small, minority and women-owned businesses seeking to participate in the DOT DBE Program.

- The CUCP maintains one state-wide directory of certified firms.
CUCP CERTIFYING AGENCIES

- CA Department of Transportation (Caltrans)
- S.F. Bay Area Rapid Transit (BART)
- S.F. Municipal Transportation Agency (SFMTA)
- Santa Clara Valley Transportation Authority (VTA)
- Santa Clara Valley Transportation Authority (VTA)
- San Mateo County Transit District (SAMTRANS)
- Central Contra Costa Transit Authority (CCCTA)
- City of Fresno
- Yolo County Transportation District (YOLOBUS)
- L.A. County Metropolitan Transportation Authority (METRO)
- City of Los Angeles
- San Francisco International Airport (ACDBE only)
- San Diego County Regional Airport Authority
Benefits of Certification

• Certification as a DBE by the CUCP:
  o Qualifies firms to participate as a DBE on any Department of Transportation project (highways, airports, rail, buses). DBE firms fulfill DBE goals on these projects when applicable.
  o Includes your firm in the state-wide DBE/ACDBE directory maintained by the CUCP
Certification Application

• There is a Uniform Certification Application for the DOT DBE Program that is used with no or little modification across the United States.
• The next pages will provide a sample of a completed application. The sample may be found at:

http://www.caltrans.ca.gov/hq/bep/business_forms.htm
Sample Application
Sample Personal Financial Statement
Certification Process

1. Receive Uniform Certification Application and required documents
2. Review and Analyze Request additional information if needed
   Check the DOCR DBE/ACDBE Ineligibility Database
3. On-Site Review
4. Certification Decision
   In-house UCP process
   Issue decision letter
5. Include Firm in Directory if approved
After you Are Certified

• Maintain certification by submitting an annual affidavit of no change
• Notify the certifying agency of any changes in the ownership, control or other areas that would affect your certification status (i.e. exceeding the size standard or pnw)
• Verify your listing in the CUCP DBE/ACDBE Directory
• Market your firm
• Stay on top of upcoming opportunities
UNIFORM CERTIFICATION APPLICATION
DISADVANTAGED BUSINESS ENTERPRISE (DBE) / AIRPORT CONCESSION DISADVANTAGED BUSINESS ENTERPRISE (ACDBE)
49 C.F.R. Parts 23 and 26

Roadmap for Applicants

1. Should I apply?
You may be eligible to participate in the DBE/ACDBE program if:
- The firm is a for-profit business that performs or seeks to perform transportation related work (or a concession activity) for a recipient of Federal Transit Administration, Federal Highway Administration, or Federal Aviation Administration funds.
- The firm is at least 51% owned by a socially and economically disadvantaged individual(s) who also controls it.
- The firm’s disadvantaged owners are U.S. citizens or lawfully admitted permanent residents of the U.S.
- The firm meets the Small Business Administration’s size standard and does not exceed $23.98 million in gross annual receipts for DBE ($56.42 million for ACDBEs). (Other size standards apply for ACDBE that are banks/financial institutions, car rental companies, pay telephone firms, and automobile dealers.)

2. How do I apply?
First time applicants for DBE certification must complete and submit this certification application and related material to the certifying agency in your home state and participate in an on-site interview conducted by that agency. The attached document checklist can help you locate the items you need to submit to the agency with your completed application. If you fail to submit the required documents, your application may be delayed and/or denied. Firms already certified as a DBE do not have to complete this form, but may be asked by certifying agencies outside of your home state to provide a copy of your initial application form, supporting documents, and any other information you submitted to your home state to obtain certification or to any other state related to your certification.

3. Where can I send my application?

4. Who will contact me about my application and what are the eligibility standards?
The DBE and ACDBE Programs require that all U.S. Department of Transportation (DOT) recipients of federal assistance participate in a statewide Unified Certification Program (UCP). The UCP is a one-stop certification program that eliminates the need for your firm to obtain certification from multiple certifying agencies within your state. The UCP is responsible for certifying firms and maintaining a database of certified DBEs and ACDBEs for DOT grantees, pursuant to the eligibility standards found in 49 C.F.R. Parts 23 and 26.

5. Where can I find more information?
U.S. DOT—https://www.civilrights.dot.gov/ (This site provides useful links to the rules and regulations governing the DBE/ACDBE program, questions and answers, and other pertinent information)


In collecting the information requested by this form, the Department of Transportation (Department) complies with the provisions of the Federal Freedom of Information and Privacy Acts (5 U.S.C. 552 and 552a). The Privacy Act provides comprehensive protections for your personal information. This includes how information is collected, used, disclosed, stored, and discarded. Your information will not be disclosed to third parties without your consent. The information collected will be used solely to determine your firm’s eligibility to participate in the Department’s Disadvantaged Business Enterprise Program as defined in 49 CFR §26.5 and the Airport Concession Disadvantaged Business Enterprise Program as defined in 49 CFR §23.3. You may review DOT’s complete Privacy Act Statement in the Federal Register published on April 11, 2000 (65 FR 19477).

Under 49 C.F.R. §26.107, dated February 2, 1999 and January 28, 2011, 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 2 CFR Parts 180 and 1200, Nonprocurement Suspension and Department, take enforcement action under 49 C.F.R. 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.
INSTRUCTIONS FOR COMPLETING THE DISADVANTAGED BUSINESS ENTERPRISE (DBE)
AIRPORT CONCESSIONS DISADVANTAGED BUSINESS ENTERPRISE (ACDBE)
UNIFORM CERTIFICATION APPLICATION

NOTE: All participating firms must be for-profit enterprises. If your firm is not for profit, then you do NOT qualify for the DBE/ACDBE program and should not complete this application. 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. Basic Contact Information
(1) Enter the contact name and title of the person completing this application and the person who will serve as your firm's contact for this application.
(2) Enter the legal name of your firm, as indicated in your firm’s Articles of Incorporation or charter.
(3) Enter the primary phone number of your firm.
(4) Enter a secondary phone number, if any.
(5) Enter your firm’s fax number, if any.
(6) Enter the contact person's email address.
(7) Enter your firm’s website addresses, if any.
(8) Enter the street address of the firm where its offices are physically located (not a P.O. Box).
(9) Enter the mailing address of your firm, if it is different from your firm’s street address.

B. Prior/Other Certifications and Applications
(10) Check the appropriate box indicating whether your firm is currently certified in the DBE/ACDBE programs, and provide the name of the certifying agency that certified your firm. List the dates of any site visits conducted by your home state and any other states or UCP members. Also provide the names of state/UCP members that conducted the review.
(11) Indicate whether your firm or any of the persons listed has ever been denied certification as a DBE, 8(a), or Small Disadvantaged Business (SDB) firm, or state and local MBE/WBE firm. Indicate if the firm has ever been decertified from one of these programs. Indicate if the application was withdrawn or whether the firm was debarred, suspended, or otherwise had its bidding privileges denied or restricted by any state or local agency, or Federal entity. If your answer is yes, identify the name of the agency, and explain fully the nature of the action in the space provided. Indicate if you have ever appealed this decision to the Department and if so, attach a copy of USDOT’s final agency decision(s).

Section 2: GENERAL INFORMATION
A. Business profile:
(1) Give a concise description of the firm’s primary activities, the product(s) or services the company provides, or type of construction. If your company offers more than one product/service, list primary product or service first (attach additional sheets if necessary). This description may be used in our UCP online directory if you are certified as a DBE.

(2) If you know the appropriate NAICS Code for the line(s) of work you identified in your business profile, enter the codes in the space provided.
(3) State the date on which your firm was established as stated in your firm’s Articles of Incorporation or charter.
(4) State the date each person became a firm owner.
(5) Check the appropriate box describing 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.” If you checked “No,” then you do NOT qualify for the DBE/ACDBE program and should not complete this application. All participating firms must be for-profit enterprises. If the firm is a for profit enterprise, provide the Federal Tax ID number as stated on your firm’s Federal tax return.
(7) Check the appropriate box that describes the type of legal business structure of your firm, as indicated in your firm’s Articles of Incorporation or similar document. Identify all joint venture partners if applicable. If you checked “Other,” briefly explain in the space provided.
(8) Indicate in the spaces provided how many employees your firm has, specifying the number of employees who work on a full-time, part-time, and seasonal basis. Attach a list of employees, their job titles, and dates of employment, to your application.
(9) Specify the firm’s gross receipts for each of the past three years, as stated in your firm’s filed Federal tax returns. You must submit complete copies of the firm’s Federal tax returns for each year. If there are any affiliates or subsidiaries of the applicant firm or owners, you must provide these firms’ gross receipts and submit complete copies of these firm(s) Federal tax returns. Affiliation is defined in 49 C.F.R. §26.5 and 13 C.F.R. Part 121.

B. Relationships and Dealings 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, financing, or any office staff and/or employees with any other business, organization or entity of any kind. If you answered “Yes,” then specify the name of the other firm(s) and fully explain the nature of your relationship with these other businesses by identifying the business or person with whom you have any formal, informal, written, or
oral agreement. Provide an explanation of any items shared with other firms in the space provided.

(2) Check the appropriate box indicating whether any other firm currently has or had an ownership interest in your firm at present or at any time in the past. If you checked yes, please explain.

(3) Check the appropriate box that indicates whether at present or at any time in the past your firm:
(a) ever existed under different ownership, a different type of ownership, or a different name;
(b) existed as a subsidiary of any other firm;
(c) existed as a partnership in which one or more of the partners are/were other firms;
(d) owned any percentage of any other firm; and
(e) had any subsidiaries of its own.
(f) served as a subcontractor with another firm constituting more than 25% of your firm’s receipts.

If you answered “Yes” to any of the questions in (3)(a-f), you may be asked to explain the arrangement in detail.

Section 3: MAJORITY OWNER INFORMATION

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 owner):

A. Identify the majority owner of the firm holding 51% or more ownership interest
(1) Enter the full name of the owner.
(2) Enter his/her title or position within your firm.
(3) Give his/her home phone number.
(4) Enter his/her home (street) address.
(5) Indicate this owner’s gender.
(6) Identify the owner’s ethnic group membership. 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 or 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.
(8) Enter the number of years during which this owner has been an owner of your firm.
(9) Indicate the percentage of the total ownership this person holds and the date acquired, including (if appropriate), the class of stock owned.
(10) 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. Describe how you acquired your business and attach documentation substantiating this investment.

B. Additional Owner Information
(1) Describe the familial relationship of this owner to each other owner of your firm and employees.
(2) Indicate 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 function/title held in that business.
(3) (a) 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, the nature of the business relationship, and the owner’s function at the firm.
(b) If the owner works for any other firm, non-profit organization, or is engaged in any other activity more than 10 hours per week, please identify this activity.
(4) (a) Provide the personal net worth of the owner applying for certification in the space provided. Complete and attach the accompanying “Personal Net Worth Statement for DBE/ACDBE Program Eligibility” with your application. Note, complete this section and accompanying statement only for each owner applying for DBE qualification (i.e., for each owner claiming to be socially and economically disadvantaged).
(b) Check the appropriate box that indicates whether any trust has been created for the benefit of the disadvantaged owner(s). If you answered “Yes,” you may be asked to provide a copy of the trust instrument.
(5) Check the appropriate to indicate whether any of your immediate family members, managers, or employees, own, manage, or are associated with another company. Immediate family member is defined in 49 C.F.R. §26.5. If you answered “Yes,” provide the name of each person, your relationship to them, the name of the company, the type of business, and whether they own or manage the company.

Section 4: CONTROL

A. Identify the 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.
(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 to indicate whether any of your firm’s officers and/or directors listed above performs 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. (e.g., ownership interest, shared office space, financial investments, equipment leases, personnel sharing, etc.) If you answered “Yes,” identify the name of the firm, the individual’s name, and the nature of his/her business relationship with that other firm.
B. Duties of Owners, Officers, Directors, Managers and Key Personnel

(1), (2) Specify the roles of the majority and minority owners, directors, officers, and managers, and key personnel who control the functions listed for the business. Submit resumes for each owner and non-owner identified below. State the name of the individual, title, race and gender and percentage ownership if any. Circle the frequency of each person’s involvement as follows: “always, frequently, seldom, or never” in each area.

Indicate whether any of the persons listed in this section perform a management or supervisory function for any other business. Identify the person, business, and their title/function. Identify if any of the persons listed above own or work for any other firm(s) that has a relationship with this firm (e.g. ownership interest, shared office space, financial investment, equipment, leases, personnel sharing, etc.) If you answered “Yes,” describe the nature of his/her business relationship with that other firm.

C. Inventory: Indicate firm inventory in these categories:

(1) Equipment and Vehicles
   State the make and model, and current dollar value of each piece of equipment and motor vehicle held and/or used by your firm. Indicate whether each piece is either owned or leased by your firm or owner, whether it is used as collateral, and where this item is stored.

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

(3) Storage Space
   State the street address of each storage space held and/or used by your firm. Indicate whether your firm or owner owns or leases the storage space and the current dollar value of that property or its lease. Provide a signed lease agreement for each property.

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,” you may be asked to explain the nature of that reliance and the extent to which the other firm carries out such functions.

E. Financial / Banking Information

Banking Information. State the name, City and State of your firm’s bank. In the space provided, identify the persons able to sign checks on this account. Provide bank authorization and signature cards

Bonding Information. State your firm’s bonding limits (in dollars), specifying both the aggregate and project limits.

F. Sources, amounts, and purposes of money loaned to your firm, including the names of persons or firms guaranteeing the loan.

State the name and address of each source, the name of person securing the loan, original dollar amount and the current balance of each loan, and the purpose for which each loan was made to your firm. Provide copies of signed loan agreements and security agreements.

G. Contributions or transfers of assets to/from your firm and to/from any of its owners or another individual 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. 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 issuing State of the license or permit. Attach copies of licenses, license renewal forms, permits, and haul authority forms.

I. 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. 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.

AIRPORT CONCESSION (ACDBE) APPLICANTS

Identify the concession space, address and location at the airport, the value of the property or lease, and fees/lease payments paid to the airport. Provide information concerning any other airport concession businesses the applicant or any affiliate owns and/or operates, including name, location, type of concession, and start date of the concession enterprise.

AFFIDAVIT & SIGNATURE

The Affidavit of Certification must accompany your application for certification. 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.
Section 1: CERTIFICATION INFORMATION

A. Basic Contact Information

(1) Contact person and Title: JOHN DOE
OWNER

(2) Legal name of firm: JOHN DOE CONSTRUCTION

(3) Phone #: (000) 000 - 0000
(4) Other Phone #: (000) 000 - 0000
(5) Fax #: (000) 000 - 0000

(6) E-mail: JOHNDOE@JOHNDOECONSTRUCTION.COM
(7) Firm Websites: WWW.JOHNDOECONSTRUCTION.COM

(8) Street address of firm: 1234 OBEO LANE
City: SACRAMENTO
County/Parish: SACRAMENTO
State: CA
Zip: 95811

(9) Mailing address of firm: SAME AS ABOVE
City: 
County/Parish: 
State: 
Zip: 

B. Prior/Other Certifications and Applications

(10) Is your firm currently certified for any of the following U.S. DOT programs?
☐ DBE  ☐ ACDBE Names of certifying agencies: N/A

If you are certified in your home state as a DBE/ACDBE, you do not have to complete this application for other states. Ask your state UCP about the interstate certification process.

List the dates of any site visits conducted by your home state and any other states or UCP members:

Date __/__/___ State/UCP Member: __________ Date __/__/___ State/UCP Member: __________

(11) Indicate whether the firm or any persons listed in this application have ever been:

(a) Denied certification or decertified as a DBE, ACDBE, 8(a), SDB, MBE/WBE firm? ☐ Yes ☑ No
(b) Withdrawn an application for these programs, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity? ☐ Yes ☑ No

If yes, explain the nature of the action. (If you appealed the decision to DOT or another agency, attach a copy of the decision,

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Section 2: GENERAL INFORMATION

A. Business Profile: (1) Give a concise description of the firm’s primary activities and the product(s) or service(s) it provides. If your company offers more than one product/service, list the primary product or service first. Please use additional paper if necessary. This description may be used in our database and the UCP online directory if you are certified as a DBE or ACDBE.

GENERAL "A" LICENSED CONTRACTOR, SPECIALIZING IN ROADWAY CONSTRUCTION AND EXCAVATION

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(2) Applicable NAICS Codes for this line of work include: 237310 238910
(3) This firm was established on __/__/___
(4) I/We have owned this firm since: __/__/___

(5) Method of acquisition (Check all that apply):
☑ Started new business ☐ Bought existing business ☐ Inherited business ☐ Secured concession
 ☐ Merger or consolidation ☐ Other (explain)

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(6) Is your firm “for profit”? ☒ Yes ☐ No → ☒ STOP! If your firm is NOT for-profit, then you do NOT qualify for this program and should not fill out this application.

Federal Tax ID# ____________________________

(7) Type of Legal Business Structure: (check all that apply):

☒ Sole Proprietorship ☐ Limited Liability Partnership
☒ Partnership ☒ Corporation
☒ Limited Liability Company ☐ Joint Venture (Identify all JV partners ____________________________)
☒ Applying as an ACDBE ☐ Other, Describe ____________________________

(8) Number of employees: Full-time 5 Part-time 2 Seasonal 0 Total 7

(Provide a list of employees, their job titles, and dates of employment, to your application).

(9) Specify the firm’s gross receipts for the last 3 years. (Submit complete copies of the firm’s Federal tax returns for each year. If there are affiliates or subsidiaries of the applicant firm or owners, you must submit complete copies of these firms’ Federal tax returns).

<table>
<thead>
<tr>
<th>Year</th>
<th>Gross Receipts of Applicant Firm</th>
<th>Gross Receipts of Affiliate Firms</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>$550,679</td>
<td>$0</td>
</tr>
<tr>
<td>2012</td>
<td>$340,770</td>
<td>$0</td>
</tr>
<tr>
<td>2011</td>
<td>$600,120</td>
<td>$0</td>
</tr>
</tbody>
</table>

B. Relationships and Dealings 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 or storage space, yard, warehouse, facilities, equipment, inventory, financing, office staff, and/or employees with any other business, organization, or entity? ☐ Yes ☒ No

If Yes, explain the nature of your relationship with these other businesses by identifying the business or person with whom you have any formal, informal, written, or oral agreement. Also detail the items shared.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

(2) Has any other firm had an ownership interest in your firm at present or at any time in the past?

☐ Yes ☒ No If Yes, explain

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

(3) At present, or at any time in the past, has your firm:

(a) Ever existed under different ownership, a different type of ownership, or a different name? ☐ Yes ☒ No

(b) Existed as a subsidiary of any other firm? ☐ Yes ☒ No

(c) Existed as a partnership in which one or more of the partners are/were other firms? ☐ Yes ☒ No

(d) Owned any percentage of any other firm? ☐ Yes ☒ No

(e) Had any subsidiaries? ☐ Yes ☒ No

(f) Served as a subcontractor with another firm constituting more than 25% of your firm’s receipts? ☐ Yes ☒ No

(If you answered “Yes” to any of the questions in (2) and/or (3)(a)-(f), you may be asked to provide further details and explain whether the arrangement continues).
Section 3: MAJORITY OWNER INFORMATION

A. Identify the majority owner of the firm holding 51% or more ownership interest.

<table>
<thead>
<tr>
<th>(1) Full Name:</th>
<th>JOHN DOE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2) Title:</td>
<td>OWNER/PRESIDENT/CEO</td>
</tr>
<tr>
<td>(3) Home Phone #:</td>
<td>(111 ) 111 - 1111</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(4) Home Address (Street and Number):</th>
<th>1234 OBEO LA</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>SACRAMENTO</td>
</tr>
<tr>
<td>State:</td>
<td>CA</td>
</tr>
<tr>
<td>Zip:</td>
<td>95811  1234</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(5) Gender:</th>
<th>Male □ Female □</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(6) Ethnic group membership (Check all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Black</td>
</tr>
<tr>
<td>□ Hispanic</td>
</tr>
<tr>
<td>□ Asian Pacific</td>
</tr>
<tr>
<td>□ Native American</td>
</tr>
<tr>
<td>□ Subcontinent Asian</td>
</tr>
<tr>
<td>□ Other (specify) ________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(7) U.S. Citizenship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ U.S. Citizen</td>
</tr>
<tr>
<td>□ Lawfully Admitted Permanent Resident</td>
</tr>
</tbody>
</table>

| (8) Number of years as owner: | 14 |
| (9) Percentage owned: | 51 % |
| Class of stock owned: | A |
| Date acquired | 01/01/01 |

<table>
<thead>
<tr>
<th>(10) Initial investment to acquire ownership interest in firm:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>Cash</td>
</tr>
</tbody>
</table>

Describe how you acquired your business:
- Started business myself
- It was a gift from:
- I bought it from:
- I inherited it from:
- Other ________________________________

(Attach documentation substantiating your investment)

B. Additional Owner Information

(1) Describe familial relationship to other owners and employees:

Jane Doe - Wife - 49% owner

(2) Does this owner perform a management or supervisory function for any other business? □ Yes □ No
If Yes, identify: Name of Business: __________________________ Function/Title: __________________________

(3)(a) Does this owner 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
Identify the name of the business, and the nature of the relationship, and the owner’s function at the firm:

(3)(b) Does this owner work for any other firm, non-profit organization, or is engaged in any other activity more than 10 hours per week? If yes, identify this activity: No

(4)(a) What is the personal net worth of this disadvantaged owner applying for certification? $120,000

(4)(b) Has any trust been created for the benefit of this disadvantaged owner(s)? □ Yes □ No
(If Yes, you may be asked to provide a copy of the trust instrument).

(5) Do any of your immediate family members, managers, or employees own, manage, or are associated with another company? □ Yes □ No
If Yes, provide their name, relationship, company, type of business, and indicate whether they own or manage the company: (Please attach extra sheets, if needed): __________________________
Section 3: OWNER INFORMATION, Cont’d.

A. Identify all individuals, firms, or holding companies that hold LESS THAN 51% ownership interest in the firm (Attach separate sheets for each additional owner)

<table>
<thead>
<tr>
<th>(1) Full Name:</th>
<th>(2) Title:</th>
<th>(3) Home Phone #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>JANE DOE</td>
<td>OWNER/SECRETARY/TREASURER</td>
<td>(111) 111 - 1111</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(4) Home Address (Street and Number):</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1234 OBEO LA</td>
<td>SACRAMENTO</td>
<td>CA</td>
<td>95811 - 1234</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(5) Gender:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(6) Ethnic group membership (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Black</td>
</tr>
<tr>
<td>☒ Hispanic</td>
</tr>
<tr>
<td>☐ Asian Pacific</td>
</tr>
<tr>
<td>☐ Native American</td>
</tr>
<tr>
<td>☐ Subcontinent Asian</td>
</tr>
<tr>
<td>☐ Other (specify) ________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(7) U.S. Citizenship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ U.S. Citizen</td>
</tr>
<tr>
<td>☐ Lawfully Admitted Permanent Resident</td>
</tr>
</tbody>
</table>

| (8) Number of years as owner: | 14 |
| (9) Percentage owned: | 49% |
| Class of stock owned: | A |
| Date acquired: | 01/01/01 |

<table>
<thead>
<tr>
<th>(10) Initial investment to acquire ownership interest in firm:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
</tr>
<tr>
<td>Cash</td>
</tr>
<tr>
<td>Real Estate</td>
</tr>
<tr>
<td>Equipment</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

Describe how you acquired your business:
- ☒ Started business myself
- ☐ It was a gift from: ________________
- ☐ I bought it from: ________________
- ☐ I inherited it from: ________________
- ☐ Other ________________

B. Additional Owner Information

(1) Describe familial relationship to other owners and employees:

JOHN DOE - HUSBAND - 51% OWNER ________________

(2) Does this owner perform a management or supervisory function for any other business?  ☐ Yes ☒ No
If Yes, identify: Name of Business: ________________ Function/Title: ________________

(3(a) Does this owner 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
Identify the name of the business, and the nature of the relationship, and the owner’s function at the firm:

(b) Does this owner work for any other firm, non-profit organization, or is engaged in any other activity more than 10 hours per week? If yes, identify this activity:  NO ________________

(4(a) What is the personal net worth of this disadvantaged owner applying for certification?  $120,000 ________________

(b) Has any trust been created for the benefit of this disadvantaged owner(s)?  ☐ Yes ☒ No
(If Yes, you may be asked to provide a copy of the trust instrument).

(5) Do any of your immediate family members, managers, or employees own, manage, or are associated with another company?  ☐ Yes ☒ No
If Yes, provide their name, relationship, company, type of business, and indicate whether they own or manage: (Please attach extra sheets, if needed): ________________
Section 4: CONTROL

A. Identify your firm’s Officers and Board of Directors (If additional space is required, attach a separate sheet):

<table>
<thead>
<tr>
<th>(1) Officers of the Company</th>
<th>Name</th>
<th>Title</th>
<th>Date Appointed</th>
<th>Ethnicity</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) JOHN DOE</td>
<td>PRESIDENT/CEO</td>
<td>01/01/01</td>
<td>NATIVE AME</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>(b) JANE DOE</td>
<td>SECRETARY/TREAS</td>
<td>01/01/01</td>
<td>HISPANIC</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(2) Board of Directors</th>
<th>Name</th>
<th>Title</th>
<th>Date Appointed</th>
<th>Ethnicity</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) JOHN DOE</td>
<td>DIRECTOR/CHAIRMAN</td>
<td>01/01/01</td>
<td>NATIVE AME</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>(b) JANE DOE</td>
<td>DIRECTOR</td>
<td>01/01/01</td>
<td>HISPANIC</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(3) Do any of the persons listed above perform a management or supervisory function for any other business?  
☐ Yes ☒ No  If Yes, identify for each:

Person: ___________________________  Title: ___________________________
Business: ___________________________  Function: ___________________________

Person: ___________________________  Title: ___________________________
Business: ___________________________  Function: ___________________________

(4) Do any of the persons listed in section A 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. Duties of Owners, Officers, Directors, Managers, and Key Personnel

1. (Identify your firm’s management personnel who control your firm in the following areas (Attach separate sheets as needed).

<table>
<thead>
<tr>
<th>A = Always</th>
<th>F = Frequently</th>
<th>S = Seldom</th>
<th>N = Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Majority Owner (51% or more)</td>
<td>Name: JOHN DOE</td>
<td>Title: PRESIDENT/CEO</td>
<td>Percent Owned: 51</td>
</tr>
<tr>
<td>Minority Owner (49% or less)</td>
<td>Name: JANE DOE</td>
<td>Title: SECRETARY/TREASURER</td>
<td>Percent Owned: 49</td>
</tr>
</tbody>
</table>

- Sets policy for company direction/cope of operations
- Bidding and estimating
- Major purchasing decisions
- Marketing and sales
- Supervises field operations
- Attend bid opening and lettings
- Perform office management (billing, accounts receivable/payable, etc.)
- Hires and fires management staff
- Hire and fire field staff or crew
- Designates profits spending or investment
- Obligates business by contract/credit
- Purchase equipment
- Signs business checks
2. Complete for all Officers, Directors, Managers, and Key Personnel who control the following functions for the firm. (Attach separate sheets as needed).

<table>
<thead>
<tr>
<th>A = Always</th>
<th>S = Seldom</th>
<th>F = Frequently</th>
<th>N = Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sets policy for company direction/ scope of operations</td>
<td>A</td>
<td>F</td>
<td>S</td>
</tr>
<tr>
<td>Bidding and estimating</td>
<td>A</td>
<td>F</td>
<td>S</td>
</tr>
<tr>
<td>Major purchasing decisions</td>
<td>A</td>
<td>F</td>
<td>S</td>
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<td>A</td>
<td>F</td>
<td>S</td>
</tr>
<tr>
<td>Supervises field operations</td>
<td>A</td>
<td>F</td>
<td>S</td>
</tr>
<tr>
<td>Attend bid opening and lettings</td>
<td>A</td>
<td>F</td>
<td>S</td>
</tr>
<tr>
<td>Perform office management (billing, accounts receivable/payable, etc.)</td>
<td>A</td>
<td>F</td>
<td>S</td>
</tr>
<tr>
<td>Hires and fires management staff</td>
<td>A</td>
<td>F</td>
<td>S</td>
</tr>
<tr>
<td>Hire and fire field staff or crew</td>
<td>A</td>
<td>F</td>
<td>S</td>
</tr>
<tr>
<td>Designates profits spending or investment</td>
<td>A</td>
<td>F</td>
<td>S</td>
</tr>
<tr>
<td>Obligates business by contract/credit</td>
<td>A</td>
<td>F</td>
<td>S</td>
</tr>
<tr>
<td>Purchase equipment</td>
<td>A</td>
<td>F</td>
<td>S</td>
</tr>
<tr>
<td>Signs business checks</td>
<td>A</td>
<td>F</td>
<td>S</td>
</tr>
</tbody>
</table>

Do any of the persons listed in B1 or B2 perform a management or supervisory function for any other business? If Yes, identify the person, the business, and their title/function: NO

Do any of the persons listed 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.) If Yes, describe the nature of the business relationship: NO

C. Inventory: Indicate your firm’s inventory in the following categories (Please attach additional sheets if needed):

1. Equipment and Vehicles

<table>
<thead>
<tr>
<th>Make and Model</th>
<th>Current Value</th>
<th>Owned or Leased by Firm or Owner?</th>
<th>Used as collateral?</th>
<th>Where is item stored?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. EXCAVATOR</td>
<td>155,000</td>
<td>OWNED</td>
<td>NO</td>
<td>EQUIPMENT YARD</td>
</tr>
<tr>
<td>2. DOZER</td>
<td>35,000</td>
<td>OWNED</td>
<td>NO</td>
<td>EQUIPMENT YARD</td>
</tr>
<tr>
<td>3. SKID-STEER</td>
<td>10,000</td>
<td>OWNED</td>
<td>NO</td>
<td>EQUIPMENT YARD</td>
</tr>
<tr>
<td>4. MINI-EXCAVATOR</td>
<td>20,000</td>
<td>OWNED</td>
<td>NO</td>
<td>EQUIPMENT YARD</td>
</tr>
<tr>
<td>5. TRENCHER</td>
<td>5,000</td>
<td>OWNED</td>
<td>NO</td>
<td>EQUIPMENT YARD</td>
</tr>
<tr>
<td>6. ROLLER</td>
<td>25,000</td>
<td>OWNED</td>
<td>NO</td>
<td>EQUIPMENT YARD</td>
</tr>
<tr>
<td>7. FORD F-250 TRUCK</td>
<td>20,000</td>
<td>OWNED</td>
<td>NO</td>
<td>EQUIPMENT YARD</td>
</tr>
<tr>
<td>8. FORD F-250 TRUCK</td>
<td>35,000</td>
<td>OWNED</td>
<td>NO</td>
<td>OFFICE</td>
</tr>
</tbody>
</table>

2. Office Space

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Owned or Leased by Firm or Owner?</th>
<th>Current Value of Property or Lease</th>
</tr>
</thead>
<tbody>
<tr>
<td>1234 OBEO DR.</td>
<td>HOME OFFICE</td>
<td>N/A</td>
</tr>
</tbody>
</table>
3. Storage Space (Provide signed lease agreements for the properties listed)

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Owned or Leased by Firm or Owner?</th>
<th>Current Value of Property or Lease</th>
</tr>
</thead>
<tbody>
<tr>
<td>1234 MAIN ST.</td>
<td>LEASE</td>
<td>$800/MONTH</td>
</tr>
</tbody>
</table>

D. Does your firm rely on any other firm for management functions or employee payroll? ☐ Yes ☑ No

E. Financial/Banking Information (Provide bank authorization and signature cards)

Name of bank: CALIFORNIA BANK  City and State: SACRAMENTO, CA  
The following individuals are able to sign checks on this account: JOHN DOE AND JANE DOE

Name of bank:  City and State:  
The following individuals are able to sign checks on this account: 

Bonding Information: If you have bonding capacity, identify the firm’s bonding aggregate and project limits: 
Aggregate limit $1,000,000  Project limit $750,000

F. Identify all sources, amounts, and purposes of money loaned to your firm including from financial institutions. Identify whether you the owner and any other person or firm loaned money to the applicant DBE/ACDBE. Include the names of any persons or firms guaranteeing the loan, if other than the listed owner. (Provide copies of signed loan agreements and security agreements).

<table>
<thead>
<tr>
<th>Name of Source</th>
<th>Address of Source</th>
<th>Name of Person Guaranteeing the Loan</th>
<th>Original Amount</th>
<th>Current Balance</th>
<th>Purpose of Loan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CALIFORNIA BANK</td>
<td>SACRAMENTO, CA</td>
<td>JOHN DOE</td>
<td>100,000</td>
<td>25,000</td>
<td>BUSINESS CAPITAL</td>
</tr>
</tbody>
</table>

2. 

3. 

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners or another individual over the past two years (Attach additional sheets if needed):

<table>
<thead>
<tr>
<th>Contribution/Asset</th>
<th>Dollar Value</th>
<th>From Whom Transferred</th>
<th>To Whom Transferred</th>
<th>Relationship</th>
<th>Date of Transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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):

<table>
<thead>
<tr>
<th>Name of License/Permit Holder</th>
<th>Type of License/Permit</th>
<th>Expiration Date</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. JOHN DOE</td>
<td>GÉNÉRAL &quot;A&quot; CONTRACTOR</td>
<td>01/01/2016</td>
<td>CA</td>
</tr>
</tbody>
</table>

2. 

3. 

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

<table>
<thead>
<tr>
<th>Name of Owner/Contractor</th>
<th>Name/Location of Project</th>
<th>Type of Work Performed</th>
<th>Dollar Value of Contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA DEPARTMENT OF TRANS</td>
<td>INTERSTATE 5 WIDENING</td>
<td>ROADWAY EXCavATION, LEVELING</td>
<td>$205,843</td>
</tr>
<tr>
<td>CITY OF SACRAMENTO</td>
<td>J STREET REPAIRS</td>
<td>GRADING &amp; EARTHWORK</td>
<td>$55,456</td>
</tr>
<tr>
<td>CA DEPARTMENT OF TRANS</td>
<td>INTERSTATE 80 REPAIRS</td>
<td>EARTHWORK, GRADING, PAVING</td>
<td>$556,893</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Prime Contractor and Project Number</th>
<th>Location of Project</th>
<th>Type of Work</th>
<th>Project Start Date</th>
<th>Anticipated Completion Date</th>
<th>Dollar Value of Contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOHN DOE CONSTRUCTION</td>
<td>SACRAMENTO</td>
<td>EARTHWORK, GRADING, DEMOLITION, PAVING</td>
<td>01/01/15</td>
<td>04/23/15</td>
<td>$ 650,432.00</td>
</tr>
</tbody>
</table>

AIRPORT CONCESSION (ACDBE) APPLICANTS ONLY MUST COMPLETE THIS SECTION

Identify the following information concerning the ACDBE applicant firm:

<table>
<thead>
<tr>
<th>Concession Space</th>
<th>Address / Location at Airport</th>
<th>Value of Property or Lease</th>
<th>Fees/Lease Payments Paid to the Airport</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Provide information concerning any other airport concession businesses the applicant firm or any affiliate owns and/or operates, including name, location, type of concession, and start date of concession:

<table>
<thead>
<tr>
<th>Name of Concession</th>
<th>Location</th>
<th>Type of Concession</th>
<th>Start Date of Concession</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**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, JOHN DOE (full name printed), swear or affirm under penalty of law that I am PRESIDENT AND CEO (title) of the applicant firm JOHN DOE CONSTRUCTION, 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 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, subcontract, concession lease or sublease, 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 of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership changes, address/telephone number, personal net worth exceeding $1.32 million, 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 or Airport Concession Disadvantaged Business Enterprise. 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):

- [ ] 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 $1.32 million, 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.

Signature ________________________________ (DBE/ACDBE Applicant) (Date) ________________________________

**NOTARY CERTIFICATE**

[Notary seal and signature]

U.S. DOT Uniform DBE/ACDBE Certification Application • Page 13 of 14
UNIFORM CERTIFICATION APPLICATION
SUPPORTING DOCUMENTS CHECKLIST

In order to complete your application for DBE or ACDBE certification, you must attach copies of all of the following REQUIRED documents. A failure to supply any information requested by the UCP may result in your firm denied DBE/ACDBE certification.

**Required Documents for All Applicants**
- Résumés (that include places of employment with corresponding dates), for all owners, officers, and key personnel of the applicant firm
- Personal Net Worth Statement for each socially and economically disadvantaged owners comprising 51% or more of the ownership percentage of the applicant firm.
- Personal Federal tax returns for the past 3 years, if applicable, for each disadvantaged owner
- Federal tax returns (and requests for extensions) filed by the firm and its affiliates with related schedules, for the past 3 years.
- Documented proof of contributions used to acquire ownership for each owner (e.g., both sides of cancelled checks)
- Signed loan and security agreements, and bonding forms
- List of equipment and/or vehicles owned and leased including VIN numbers, copy of titles, proof of ownership, insurance cards for each vehicle.
- Title(s), registration certificate(s), and U.S. DOT numbers for each truck owned or operated by your firm
- Licenses, license renewal forms, permits, and haul authority forms
- Descriptions of all real estate (including office/storage space, etc.) owned/leased by your firm and documented proof of ownership/signed leases
- Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past 2 years
- DBE/ACDBE and SBA 8(a), SDB, MBE/WBE certifications, denials, and/or decertifications, if applicable; and any U.S. DOT appeal decisions on these actions.
- Bank authorization and signatory cards
- Schedule of salaries (or other remuneration) paid to all officers, managers, owners, and/or directors of the firm
- List of all employees, job titles, and dates of employment.
- Proof of warehouse/storage facility ownership or lease arrangements

**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(s)
- 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)

**Optional Documents to Be Provided on Request**

The UCP to which you are applying may require the submission of the following documents. If requested to provide these document, you must supply them with your application or at the on-site visit.

- Proof of citizenship
- Insurance agreements for each truck owned or operated by your firm
- Audited financial statements (if available)
- Personal Federal Tax returns for the past 3 years, if applicable, for other disadvantaged owners of the firm.
- Trust agreements held by any owner claiming disadvantaged status
- Year-end balance sheets and income statements for the past 3 years (or life of firm, if less than three years)

**Suppliers**
- List of product lines carried and list of distribution equipment owned and/or leased
This form is used by all participants in the U.S. Department of Transportation’s Disadvantaged Business Enterprise (DBE) Programs. Each individual owner of a firm applying to participate as a DBE or ACDBE, whose ownership and control are relied upon for DBE certification must complete this form. Each person signing this form authorizes the Unified Certification Program (UCP) recipient to make inquiries as necessary to verify the accuracy of the statements made. The agency you apply to will use the information provided to determine whether an owner is economically disadvantaged as defined in the DBE program regulations 49 C.F.R. Parts 23 and 26. Return form to appropriate UCP certifying member, not U.S. DOT.

<table>
<thead>
<tr>
<th>Name</th>
<th>JOHN DOE</th>
<th>Business Phone</th>
<th>000-000-0000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence Address</td>
<td>1234 OBEO LANE</td>
<td>Residence Phone</td>
<td>111-123-4567</td>
</tr>
<tr>
<td>City, State and Zip</td>
<td>SACRAMENTO, CA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>95811</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business Name of</td>
<td>JOHN DOE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applicant Firm</td>
<td>CONSTRUCTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse’s Full Name</td>
<td>JANE DOE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Marital Status:</td>
<td>MARRIED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single, Married,</td>
<td>(STATEMENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Divorced, Union)</td>
<td>FOR JOHN DOE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Cash Equivalents</td>
<td>$ 100,000</td>
<td>Loan on Life Insurance</td>
<td>$ 0</td>
</tr>
<tr>
<td>Retirement Accounts (IRAs, 401Ks, 403Bs, Pensions, etc.)</td>
<td>$ 50,000</td>
<td>Mortgages on Real Estate Excluding Primary Residence Debt</td>
<td>$ 480,000</td>
</tr>
<tr>
<td>Brokerage, Investment Accounts</td>
<td>$ 20,000</td>
<td>Notes, Obligations on Personal Property</td>
<td>$</td>
</tr>
<tr>
<td>Assets Held in Trust</td>
<td>$</td>
<td>Notes &amp; Accounts Payable to Banks and Others</td>
<td>$ 200,000</td>
</tr>
<tr>
<td>Loans to Shareholders &amp; Other Receivables</td>
<td>$</td>
<td>Other Liabilities</td>
<td>$</td>
</tr>
<tr>
<td>Real Estate Excluding Primary Residence</td>
<td>$ 500,000</td>
<td>Unpaid Taxes</td>
<td>$</td>
</tr>
<tr>
<td>Life Insurance (Cash Surrender Value Only)</td>
<td>$ 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Personal Property and Assets</td>
<td>$ 130,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business Interests Other Than the Applicant Firm</td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Assets** $ 800,000
**Total Liabilities** $ 680,000
**NET WORTH** $ 120,000

### Section 2. Notes Payable to Banks and Others

<table>
<thead>
<tr>
<th>Name of Noteholder(s)</th>
<th>Original Balance</th>
<th>Current Balance</th>
<th>Payment Amount</th>
<th>Frequency (monthly, etc.)</th>
<th>How Secured or Endorsed Type of Collateral</th>
</tr>
</thead>
<tbody>
<tr>
<td>BANK OF MONEY</td>
<td>250,000</td>
<td>200,000</td>
<td>2,000</td>
<td>MONTHLY</td>
<td>SIGNATURE</td>
</tr>
</tbody>
</table>
### Section 3. Brokerage and custodial accounts, stocks, bonds, retirement accounts. (Full Value) (Use attachments if necessary).

<table>
<thead>
<tr>
<th>Name of Security / Brokerage Account / Retirement Account</th>
<th>Cost</th>
<th>Market Value Quotation/Exchange</th>
<th>Date of Quotation/Exchange</th>
<th>Total Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONEY MUTUAL FUND</td>
<td>32,000</td>
<td>50,000</td>
<td>01/01/2015</td>
<td>50,000</td>
</tr>
</tbody>
</table>

### Section 4. Real Estate Owned (Including Primary Residence, Investment Properties, Personal Property Leased or Rented for Business Purposes, Farm Properties, or any Other Income Producing property). (List each parcel separately. Add additional sheets if necessary).

<table>
<thead>
<tr>
<th>Type of Property</th>
<th>Primary Residence</th>
<th>Property B</th>
<th>Property C</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFH</td>
<td>1234 OBE LANE</td>
<td>VACATION HOME</td>
<td>1234 MAIN ST</td>
</tr>
<tr>
<td></td>
<td>SACRAMENTO, CA 95811</td>
<td>MALIBU, CA 95811</td>
<td></td>
</tr>
<tr>
<td>Date Acquired and Method of Acquisition (purchase, inherit, divorce, gift, etc.)</td>
<td>01/01/00</td>
<td>01/01/2008</td>
<td></td>
</tr>
<tr>
<td>Names on Deed</td>
<td>JANE AND JOHN DOE</td>
<td>JANE AND JOHN DOE</td>
<td></td>
</tr>
<tr>
<td>Purchase Price</td>
<td>400,000</td>
<td>1,000,000</td>
<td></td>
</tr>
<tr>
<td>Present Market Value</td>
<td>500,000</td>
<td>1,000,000</td>
<td></td>
</tr>
<tr>
<td>Source of Market Valuation</td>
<td>ZILLOW.COM</td>
<td>ZILLOW.COM</td>
<td></td>
</tr>
<tr>
<td>Name of all Mortgage Holders</td>
<td>JANE AND JOHN DOE</td>
<td>JANE AND JOHN DOE</td>
<td></td>
</tr>
<tr>
<td>Mortgage Acc. # and balance (as of date of form)</td>
<td>100,000</td>
<td>960,000</td>
<td></td>
</tr>
<tr>
<td>Equity line of credit balance</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Amount of Payment Per Month/Year (Specify)</td>
<td>$1,900/MONTH</td>
<td>$3,500/MONTH</td>
<td></td>
</tr>
</tbody>
</table>

### Section 5. Life Insurance Held (Give face amount and cash surrender value of policies, name of insurance company and beneficiaries).

<table>
<thead>
<tr>
<th>Insurance Company</th>
<th>Face Value</th>
<th>Cash Surrender Amount</th>
<th>Beneficiaries</th>
<th>Loan on Policy Information</th>
</tr>
</thead>
</table>

MONEY MUTUAL FUND

Total Value

U.S. DOT Personal Net Worth Statement for DBE/ACDBE Program Eligibility • Page 2 of 5
### Section 6. Other Personal Property and Assets (Use attachments as necessary)

<table>
<thead>
<tr>
<th>Type of Property or Asset</th>
<th>Total Present Value</th>
<th>Amount of Liability (Balance)</th>
<th>Is this asset insured?</th>
<th>Lien or Note amount and Terms of Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automobiles and Vehicles (including recreation vehicles, motorcycles, boats, etc.) Include personally owned vehicles that are leased or rented to businesses or other individuals.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUMMER</td>
<td>50,000</td>
<td>0</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Household Goods / Jewelry</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furniture, Electronics, Jewelry</td>
<td>80,000</td>
<td>0</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Other (List)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section 7. Value of Other Business Investments, Other Businesses Owned (excluding applicant firm)

Sole Proprietorships, General Partners, Joint Ventures, Limited Liability Companies, Closely-held and Public Traded Corporations

### Section 8. Other Liabilities and Unpaid Taxes (Describe)

### Section 9. Transfer of Assets: Have you within 2 years of this personal net worth statement, transferred assets to a spouse, domestic partner, relative, or entity in which you have an ownership or beneficial interest including a trust? Yes □ No □ If yes, describe.

I declare under penalty of perjury that the information provided in this personal net worth statement and supporting documents is complete, true and correct. I certify that no assets have been transferred to any beneficiary for less than fair market value in the last two years. 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 this personal net worth statement, and I authorize such agency to contact any entity named in the application or this personal financial statement, including the names 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 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.

**NOTARY CERTIFICATE:**

(Insert applicable state acknowledgment, affirmation, or oath)

In collecting the information requested by this form, the Department of Transportation complies with Federal Freedom of Information and Privacy Act (5 U.S.C. 552 and 552a) provisions. The Privacy Act provides comprehensive protections for your personal information. This includes how information is collected, used, disclosed, stored, and discarded. Your information will not be disclosed to third parties without your consent. The information collected will be used solely to determine your firm's eligibility to participate in the Disadvantaged Business Enterprise (DBE) Program or Airport Concessionaire DBE Programs as defined in 49 C.F.R. Parts 23 and 26. You may review DOT's complete Privacy Act Statement in the Federal Register published on April 11, 2000 (65 FR 19477).
General Instructions for Completing the Personal Net Worth Statement for DBE/ACDBE Program Eligibility

Please do not make adjustments to your figures pursuant to U.S. DOT regulations 49 C.F.R. Parts 23 and 26. The agency that you apply to will use the information provided on your completed Personal Net Worth (PNW) Statement to determine whether you meet the economic disadvantage requirements of 49 C.F.R. Parts 23 and 26. If there are discrepancies or questions regarding your form, it may be returned to you to correct and complete again.

An individual’s personal net worth according to 49 C.F.R. Parts 23 and 26 includes only his or her own share of assets held separately, jointly, or as community property with the individual’s spouse and excludes the following:

- Individual’s ownership interest in the applicant firm;
- Individual’s equity in his or her primary residence;
- Tax and interest penalties that would accrue if retirement savings or investments (e.g., pension plans, Individual Retirement Accounts, 401(k) accounts, etc.) were distributed at the present time.

Indicate on the form, if any items are jointly owned. If the personal net worth of the majority owner(s) of the firm exceeds $1.32 million, as defined by 49 C.F.R. Parts 23 and 26, the firm is not eligible for DBE or ACDBE certification. If the personal net worth of the majority owner(s) exceeds the $1.32 million cap at any time after your firm is certified, the firm is no longer eligible for certification. Should that occur, it is your responsibility to contact your certifying agency in writing to advise that your firm no longer qualifies as a DBE or ACDBE. You must fill out all line items on the Personal Net Worth Statement.

If necessary, use additional sheets of paper to report all information and details. If you have any questions about completing this form, please contact one of the UCP certifying agencies.

**Assets**

All assets must be reported at their current fair market values as of the date of your statement. *Assessor’s assessed value for real estate, for example, is not acceptable.* Assets held in a trust should be included.

**Cash and Cash Equivalents:** On page 1, enter the total amount of cash or cash equivalents in bank accounts, including checking, savings, money market, certificates of deposit held domestic or foreign. Provide copies of the bank statement.

**Retirement Accounts, IRA, 401Ks, 403Bs, Pensions:** On page 1, enter the full value minus tax and interest penalties that would apply if assets were distributed as of the date of the form. Describe the number of shares, name of securities, cost market value, date of quotation, and total value in section 3 on page 2.

**Brokerage and Custodial Accounts, Stocks, Bonds, Retirement Accounts:** Report total value on page 1, and on page 2, section 3, enter the name of the security, brokerage account, retirement account, etc.; the cost; market value of the asset; the date of quotation; and total value as of the date of the PNW statement.

**Assets Held in Trust:** Enter the total value of the assets held in trust on page 1, and provide the names of beneficiaries and trustees, and other information in Section 6 on page 3.

**Loans to Shareholders and Other Receivables not listed:** Enter amounts loaned to you from your firm, from any other business entity in which you hold an ownership interest, and other receivables not listed above. Complete Section 6 on page 3.

**Real Estate:** The total value of real estate excluding your primary residence should be listed on page 1. In section 4 on page 2, please list your primary residence in column 1, including the address, method of acquisition, date of acquired, names of deed, purchase price, present fair market value, source of market valuation, names of all mortgage holders, mortgage account number and balance, equity line of credit balance, and amount of payment. List this information for all real estate held. Please ensure that this section contains all real estate owned, including rental properties, vacation properties, commercial properties, personal property leased or rented for business purposes, farm properties and any other income producing properties, etc. Attach additional sheets if needed.

**Life Insurance:** On page 1, enter the cash surrender value of this asset. In section 5 on page 2, enter the name of the insurance company, the face value of the policy, cash surrender value, beneficiary names, and loans on the policy.

**Other Personal Property and Assets:** Enter the total value of personal property and assets you own on page 1. Personal property includes motor vehicles, boats, trailers, jewelry, furniture, household goods, collectibles, clothing, and personally owned vehicles that are leased or rented to businesses or other individuals. In section 6 on page 3, list these assets and enter the present value, the balance of any liabilities, whether the asset is insured, and lien or note information and terms of payments. For accounts and notes receivable, enter the total value of all monies owed to you personally, if any. This should include shareholder loans to the applicant firm, if those exist. If the asset is insured, you may be asked to provide a copy of the policy. You may also be asked to provide a copy of any liens or notes on the property.

**Other Business Interests Other than Applicant Firm:** On page 1, enter the total value of your other business investments (excluding the applicant firm). In section 7 on page 3, enter information concerning the businesses you
hold an ownership interest in, such as sole proprietorships, partnerships, joint ventures, corporations, or limited liability corporations (other than the applicant firm). Do not reduce the value of these entries by any loans from the outside firm to the DBE/ACDBE applicant business.

**Liabilities**

**Mortgages on Real Estate:** Enter the total balance on all mortgages payable on real estate on page 1.

**Loans on Life Insurance:** Enter the total value of all loans due on life insurance policies on page 1, and complete section 5 on page 2.

**Notes & Accounts Payable to Bank and Others:** On page 1, section 2, enter details concerning any liability, including name of noteholders, original and current balances, payment terms, and security/collateral information. The entries should include automobile installment accounts. This should not, however, include any mortgage balances as this information is captured in section 4. Do not include loans for your business or mortgages for your properties in this section. You may be asked to submit copy of note/security agreement, and the most recent account statement.

**Other Liabilities:** On page 1, enter the total value due on all other liabilities not listed in the previous entries. In section 8, page 3, report the name of the individual obligated, names of co-signers, description of the liability, the name of the entity owed, the date of the obligation, payment amounts and terms. Note: Do not include contingent liabilities in this section. Contingent liabilities are liabilities that belong to you only if an event(s) should occur. For example, if you have co-signed on a relative’s loan, but you are not responsible for the debt until your relative defaults, that is a contingent liability. Contingent liabilities do not count toward your net worth until they become actual liabilities.

**Unpaid Taxes:** Enter the total amount of all taxes that are currently due, but are unpaid on page 1, and complete section 8 on page 3. Contingent tax liabilities or anticipated taxes for current year should not be included. Describe in detail the name of the individual obligated, names of co-signers, the type of unpaid tax, to whom the tax is payable, due date, amount, and to what property, if any, the tax lien attaches. If none, state “NONE.” You must include documentation, such as tax liens, to support the amounts.

**Transfers of Assets:***

Transfers of Assets: If you checked the box indicating yes on page 3 in this category, provide details on all asset transfers (within 2 years of the date of this personal net worth statement) to a spouse, domestic partner, relative, or entity in which you have an ownership or beneficial interest including a trust. Include a description of the asset; names of individuals on the deed, title, note or other instrument indicating ownership rights; the names of individuals receiving the assets and their relation to the transferor; the date of the transfer; and the value or consideration received. Submit documentation requested on the form related to the transfer.

**Affidavit**

Be sure to sign and date the statement. The Personal Net Worth Statement must be notarized.