# DBE UNIFORM CERTIFICATION APPLICATION

North Dakota Department of Transportation, Civil Rights Division

SFN 18787 (Rev. 04-2013)

**DISADVANTAGED BUSINESS ENTERPRISE PROGRAM**

**49 C.F.R. PART 23 & 26**

## 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? To be regarded as economically disadvantaged, an individual must have a personal net worth that does not exceed $1.32 million. Is the disadvantaged owner a U.S. citizen or lawfully admitted permanent resident of the U.S.?
   - Is your firm a small business that meets the Small Business Administration's (SBA's) size standard and does not exceed $22.41 million in gross annual receipts?
   - Is your firm organized as a for-profit business?

   _ If you answered "Yes" to all of the questions above, you may be eligible to participate in the U.S. DOT DBE program.

2. **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.**

3. **Where can I find more information?**
   - U.S. DOT -http://osdbu.dot.gov/DBE Program/index.cfm (this site provides useful links to the rules and regulations governing the DBE program, questions and answers, and other pertinent information)
   - 49 CFR Part 23 (participation by a disadvantaged business enterprise in airport concessions)
   - 49 CFR Part 26 (the rules and regulations governing the DBE program)

Under Sec. 26.107 of 49 CFR Part 26, dated February 2, 1999, if at any time, the Department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Department may initiate suspension or debarment proceedings against the person or firm under 49 CFR Part 29, Governmentwide Debarment and 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 18 U.S.C. 1001, which prohibits false statements in Federal programs.

**Print or type all responses. Do not leave any items blank-write "none or not applicable" as necessary. If there is not sufficient space to complete any item, attach additional pages as necessary. Be sure to identify the item being completed on the attachment. You should make a copy of this signed application to keep for your records.**

# Section 1: CERTIFICATION INFORMATION

## A. Prior/Other Certifications

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

## B. 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 _____ ☐ No

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

# Section 2: GENERAL INFORMATION

## A. Contact Information

| | | | | |
|---|---|---|---|---|
| (1) Contact person and Title: | | (2) Legal name of firm: | | |
| (3) Phone #: | (4) Other Phone #: | | (5) Fax #: | |
| (6) E-mail: | | (7) Website *(if have one)*: | | |
| (8) Street address of firm *(No P.O. Box)*: | City: | County/Parish: | State: | Zip: |
| (9) Mailing address of firm *(if different)*: | City: | County/Parish: | State: | Zip: |

## B. Business Profile

| | |
|---|---|
| (1) Describe the primary activities of your firm: | (2) Federal Tax ID (if any). |
| (3) This firm was established on _____ | (4) I/We have owned this firm since: _____ |
| (5) Method of acquisition *(check all that apply)*:<br>☐ Started new business ☐ Bought existing business ☐ Inherited business ☐ Secured concession<br>☐ Merger or consolidation ☐ Other *(explain)* | |
| (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 do NOT need to fill out this application. |
| (7) Type of firm *(check all that apply)*:<br>☐ Sole Proprietorship<br>☐ Partnership<br>☐ Corporation<br>☐ Limited Liability Partnership<br>☐ Limited Liability Corporation<br>☐ Joint Venture<br>☐ 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? | ☐ Yes ☐ No |
| | (b) consisted of a partnership in which one or more of the partners are other firms? | ☐ Yes ☐ No |
| | (c) owned any percentage of any other firm? | ☐ Yes ☐ No |
| | (d) had any subsidiaries? | ☐ Yes ☐ No |

(3) Has any other firm had an ownership interest in your firm at present or at any time in the past? ☐ Yes ☐ No

(4) If you 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 |
|---|---|---|---|
| I . | | | |
| 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? |
|---|---|---|---|---|---|
| I . | | | | | |
| 2. | | | | | |

## Section 3: OWNERSHIP

**Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below** *(If more than one owner, attach separate sheets for each additional owner):*

### A. Background Information

(1) Name: (2) Title: (3) Home Phone #:

(4) Home Address *(street and number)* City: State: Zip:

(5) Gender: ☐ Male ☐ Female

(7) U.S. Citizen: ☐ Yes ☐ No

(8) Lawfully Admitted Permanent Resident: ☐ Yes ☐ No

(6) Ethnic group membership *(Check all that apply):*
☐ Black ☐ Hispanic ☐ Native American
☐ Asian Pacific ☐ Subcontinent Asian
☐ Other *(specify)* _____

## B. Ownership Interest

| | |
|---|---|
| (1) Number of years as owner: | (2) Initial investment to acquire ownership interest in firm: |
| (3) Percentage owned: | |
| (4) Familial relationship to other owners: | |

| Type | Dollar Value |
|---|---|
| Cash | $ |
| Real Estate | $ |
| Equipment | $ |
| Other | $ |

(5) Shares of Stock:

| Number | Percentage | Class | Date acquired | Method Acquired |
|---|---|---|---|---|
| | | | | |

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

(7) 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

If Yes, identify: *Name of Business:* _____ *Function/Title:* _____
*Nature of Business Relationship:*

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

(1) What is the Personal Net Worth (PNW) of the owner(s) applying for DBE qualification? *(Use and attach the Personal Net Worth calculator form at the end of this application; attach additional sheets if more than one owner is applying)*

(2) Has any trust been created for the benefit of this disadvantaged owner(s)? ☐ Yes ☐ No
If Yes, explain *(attach additional sheets if needed):*

# Section 4: CONTROL

## A. Identify your firms'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 persons listed (1) and/or (2) above own or work for any other firm(s) that has a relationship with this firm *(e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)?* ☐ Yes ☐ No

If Yes, identify: *Name of Business:* _____ *Function/Title:* _____
*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. | | | | |

| | | Name | Title | Ethnicity | Gender |
|---|---|---|---|---|---|
| (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) above 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: *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:

(c) 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 & Project Number | Location of Project | Type of Work | Project Start Date | Anticipated Completion Date | Dollar Value of Contract |
|---|---|---|---|---|---|---|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |

## DBE UNIFORM CERTIFICATION APPLICATION SUPPORTING DOCUMENTS CHECKLIST

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

### All Applicants

- ☐ Yes ☐ No ☐ NA Completed Application, SFN 18787
- ☐ Yes ☐ No ☐ NA Completed and Notarized Affidavit of Certification, SFN 53866
- ☐ Yes ☐ No ☐ NA Completed - Checklist of Services, SFN 17542
- ☐ Yes ☐ No ☐ NA Completed, signed, and dated by all owners Verification of Reading DBE Standards, SFN 17541
- ☐ Yes ☐ No ☐ NA Current work experience resume (include places of ownership/employment with corresponding dates, for all owners and officers of your firm)
- ☐ Yes ☐ No ☐ NA Schedule of salaries (including other compensation) paid to all officers, managers, owners, and directors of the firm
- ☐ Yes ☐ No ☐ NA Proof of group membership status (tribal enrollment, birth certificate, naturalization papers, non-resident visa, armed service discharged papers, membership letter or certification by an ethnic organization)
- ☐ Yes ☐ No ☐ NA Completed, signed, and notarized - Personal Financial Statement, SFN 52157
- ☐ Yes ☐ No ☐ NA Personal Tax Returns past three years for each owner claiming disadvantaged status
- ☐ Yes ☐ No ☐ NA W-2 forms past three years; if applicable, for each owner claiming disadvantaged status
- ☐ Yes ☐ No ☐ NA Firms Tax Returns past three years, if applicable and all related schedules
- ☐ Yes ☐ No ☐ NA 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)
- ☐ Yes ☐ No ☐ NA Documented proof of contributions used to acquire ownership for each owner
  - o Front and back of check or bank statement showing check was cashed
- ☐ Yes ☐ No ☐ NA Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past two years (if applicable)
- ☐ Yes ☐ No ☐ NA Description and proof of all real estate (including office/storage space, etc.) owned/leased by your firm and documented proof of ownership/signed leases
- ☐ Yes ☐ No ☐ NA Bank authorization and bank signature cards
- ☐ Yes ☐ No ☐ NA All relevant licenses
- ☐ Yes ☐ No ☐ NA DBE, SBA 8 (a) or SDB certifications, denials, and/or decertification's
- ☐ Yes ☐ No ☐ NA Trust agreements held by any owner claiming disadvantaged status
- ☐ Yes ☐ No ☐ NA Firms signed loan agreements, security agreements, and bonding forms
- ☐ Yes ☐ No ☐ NA List of equipment and/or vehicles
  - o Title/registration card
  - o Proof of ownership
  - o Lease agreements

### Partnership or Joint-Venture

- ☐ Yes ☐ No ☐ NA Original and amended Partnership or Joint Venture Agreement(s)

### Corporation or LLC

- ☐ Yes ☐ No ☐ NA Official Articles of Incorporation (signed by the state official)
- ☐ Yes ☐ No ☐ NA Both sides of all corporate stock certificates and your firms stock transfer ledger
- ☐ Yes ☐ No ☐ NA Shareholders Agreement
- ☐ Yes ☐ No ☐ NA Minutes of all stockholders and board of directors meetings
- ☐ Yes ☐ No ☐ NA Corporate by-laws and any amendments
- ☐ Yes ☐ No ☐ NA Official Certificate of Formation and Operating Agreement with amendments (for LLC only)

### Trucking Company

- ☐ Yes ☐ No ☐ NA Documented proof of ownership of the company
- ☐ Yes ☐ No ☐ NA Insurance agreements for each truck owned or operated by your firm
- ☐ Yes ☐ No ☐ NA Title (s) and registration certificate(s) for each truck owned or operated by your firm
- ☐ Yes ☐ No ☐ NA List of U.S. DOT numbers for each truck owned or operated by your firm, if applicable

### Regular Dealer

- ☐ Yes ☐ No ☐ NA Proof of warehouse ownership or lease
- ☐ Yes ☐ No ☐ NA List of product lines carried
- ☐ Yes ☐ No ☐ NA List of distribution equipment owned and/or leased
- ☐ Yes ☐ No ☐ NA List of pits owned/leased
- ☐ Yes ☐ No ☐ NA Copy of pit lease agreement

**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.**