



Schedule A

# DBE Certification Application

Date:

Home-state certification  Yes  No

If yes, has the home-state conducted an on-site visit?  Yes, on \_\_\_\_\_ (date)  No

<b>1. Legal Name of Firm</b>		<b>FEIN#</b>		
<b>2. Street Address of Firm</b> (not P.O. Box #)	City	County	State	Zip
Mailing Address (if different from Street Address)	City	County	State	Zip

<b>3. Contact Person</b>		
<b>4A. Telephone#</b>	<b>4B. Fax#</b>	<b>4C. Email</b>

4D. Website (if firm has one)	
<b>5. Primary Nature of Business</b>	<b>NAICS (SIC) Code #</b>

**6. Firm Established**

**7. Date current owner(s) purchased the majority ownership of the firm:**

8. Type of firm:

- Sole Proprietorship** - provide assumed name, fictitious name or other registration certification from appropriate governmental agency.
- Partnership or**  **Joint Venture** - provide Articles of Incorporation or organization (signed by the state official); both sides of all Corporate Stock Certificates and Stock; Transfer Ledger; entire copy of corporate tax returns for the last three (3) years; Shareholders' Agreement; minutes of all stockholders and Board of Director's meetings; the Corporate Bylaws and amendments (if applicable); the Corporate Bank Resolution and Bank Signature Cards.
- Limited liability Company or**  **Corporation** - provide Articles of Incorporation or organization (signed by the state official); both sides of all Corporate Stock Certificates and Stock; Transfer Ledger; entire copy of corporate tax returns for the last three (3) years; Shareholders' Agreement; minutes of all stockholders and Board of Directors' meetings; the Corporate Bylaws and any amendments (if applicable); the Corporate Bank Resolution and Bank Signature Cards.
- Other** (please describe)

**Which Districts (1-9) are you available to work (see attached map):**

**9. Has this firm applied for reorganization under Chapter 11 and/or liquidation under Chapter 7 within the last 3 years?** (If yes, please provide court papers)  Yes  No

**10. List all locations utilized by the firm or office, storage or year facilities.** Provide proof of ownership and/or lease agreement for all locations.

Address	City	State	Zip

**11. Do you share your employees with anyone?**  Yes  No If yes, list firms(s) and type of business,

**12. Does your firm directly pay, in its own name, all its employees?**  Yes  No  
If no, explain

**13. Number of employees:**  
 Permanent Full-time \_\_\_\_\_  Temporary Full-time \_\_\_\_\_  Seasonal Full-time \_\_\_\_\_  
 Permanent Part-time \_\_\_\_\_  Temporary Part-time \_\_\_\_\_  Seasonal Part-time \_\_\_\_\_  
 Where do you obtain seasonal employees?

**14. Ownership and Control**  
**A. Identify each firm owner and list type of investment(s).** For each owner, attach documentation to support his/her initial investment in the firm (dollars, real estate and equipment). Attach detailed work experience resumes for each owner that includes dates and places of employment, names of employers, job duties, responsibilities and any ownership interests. Also attach copies of documentation proving ethnicity and citizenship. For legal permanent resident, submit alien registration number.

Name	Title	Home Phone#
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Home Address (street and number)	City	State	Zip
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Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Ethnic Group (Attach proof of status)</b> <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Asian Indian Other Ethnic Group (explain)
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Legal permanent resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Number or years owned:	Initial investment to acquire ownership interest in firm	Type	Dollar Value
Percentage owned:		Cash	\$ _____
Familial relationship to other owners:		Real Estate	\$ _____
		Equipement	\$ _____
		Other	_____

Authorized Shares of Stock	# Issued	%	Class	Date Aquired	Method Aquired

Additional contributions since the business was started/aquired:

Name		Title		Home Phone#	
Home Address (street and number)			City	State	Zip
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			<b>Ethnic Group (Attach proof of status)</b>		
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American
Legal permanent resident: <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Caucasian	<input type="checkbox"/> Asian Pacific	<input type="checkbox"/> Asian Indian
Number or years owned:			Other Ethnic Group (explain)		
Percentage owned:			Initial investment to acquire ownership interest in firm	Type	Dollar Value
Familial relationship to other owners:				Cash	\$ _____
				Real Estate	\$ _____
				Equipement	\$ _____
				Other	_____
<b>Authorized Shares of Stock</b>	<b># Issued</b>	<b>%</b>	<b>Class</b>	<b>Date Aquired</b>	<b>Method Aquired</b>
Additional contributions since the business was started/aquired:					
Name		Title		Home Phone#	
Home Address (street and number)			City	State	Zip
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			<b>Ethnic Group (Attach proof of status)</b>		
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American
Legal permanent resident: <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Caucasian	<input type="checkbox"/> Asian Pacific	<input type="checkbox"/> Asian Indian
Number or years owned:			Other Ethnic Group (explain)		
Percentage owned:			Initial investment to acquire ownership interest in firm	Type	Dollar Value
Familial relationship to other owners:				Cash	\$ _____
				Real Estate	\$ _____
				Equipement	\$ _____
				Other	_____
<b>Authorized Shares of Stock</b>	<b># Issued</b>	<b>%</b>	<b>Class</b>	<b>Date Aquired</b>	<b>Method Aquired</b>
Additional contributions since the business was started/aquired:					
<b>B. Identify officers.</b> Attach detailed work experience resumes for each officer that includes dates and places of employment, names of employers, job duties, responsibilities any ownership interests, and educationalbackground. If additional space is required, submit an attached sheet.					
Name	Title	Ethnicity	Gender	Date Appointed	
Name	Title	Ethnicity	Gender	Date Appointed	
Name	Title	Ethnicity	Gender	Date Appointed	
Name	Title	Ethnicity	Gender	Date Appointed	
Name	Title	Ethnicity	Gender	Date Appointed	

**C. Identify current board of directors.** Attach detailed work experience resumes for each director that include dates and places of employment, names of employers, job duties, responsibilities, any ownership interests and educational background. If additional space is required, submit an attached sheet.

Name	Title	Ethnicity	Gender	Date Appointed

**15. Identify management personnel who control the firm in the following categories: experience resumes for each person that include dates and places of employment, names of employers, job duties, responsibilities, any ownership interests and educational background.**

If additional space is required, submit an attached sheet.

**A. Financial Decisions** (check signing, acquisition of lines of credit, loans, surety bonding, etc.)

Name	Title	Ethnicity	Gender

**B. Estimating** (cost estimates, bid preparation or negotiations)

Name	Title	Ethnicity	Gender

**C. Hiring/Firing of Management Personnel**

Name	Title	Ethnicity	Gender

**D. Field/ Production Operations Supervisor** (site supervision/scheduling, project management services)

Name	Title	Ethnicity	Gender

**E. Field Superintendents**

Name	Title	Ethnicity	Gender

**F. Contract Signature Authority** (contract execution, bid submission)

Name	Title	Ethnicity	Gender

**G. Office Management**

Name	Title	Ethnicity	Gender

**H. Marketing/Sales**

Name	Title	Ethnicity	Gender

**I. Purchasing of Major Equipment**

Name	Title	Ethnicity	Gender

**16. Identify the individual/firm that provides the following services: If additional space is required, submit an attached sheet.**

**A. External Management or Technical/Computer Service**

Firm	Contact Person
Address	Telephone

**B. Accountant**

Firm	Contact Person
Address	Telephone

**C. Attorney**

Firm	Contact Person
Address	Telephone

**D. Principal Suppliers**

Firm	Contact Person
Address	Telephone

Materials or equipment supplied

Firm	Contact Person
Address	Telephone

Materials or equipment supplied

**17. Does your firm have key personnel insurance?**  Yes  No    If yes, attach a list of the persons.

**18. Identify the union(s) or professional agreement(s) for the firm. Provide copies of all union or membership agreements.**

19. **Does the firm own or lease equipment?** Own?  Yes  No Lease?  Yes  No  
 Provide state registration cards and/or titles for all owned equipment and vehicles. Also provide signed agreements for all leased equipment and vehicles.

20. **Financial Information:**

A. **Banking** - provide copies of corporation bank resolutions and bank signature cards for all accounts.

Bank Name Bank Officer Address Telephone

Bank Name Bank Officer Address Telephone

B. **Bonding** - If you have bonding capacity, identify:

Name of agent or broker Address

Bonding Limit: Aggregate Limit (\$) Project Limit (\$)

Name of agent or broker Address

Bonding Limit: Aggregate Limit (\$) Project Limit (\$)

C. **Gross Receipts** (identify amounts for the last three fiscal years)

Year: \_\_\_\_\_ \$ \_\_\_\_\_ Year: \_\_\_\_\_ \$ \_\_\_\_\_ Year: \_\_\_\_\_ \$ \_\_\_\_\_

Provide copies of year-end balance sheet and profit/loss (income) statement and federal tax return forms (Form 1120 for corporations; Form 1120S for Subchapter S corporations; Form 1065 for partnerships; or Form 1040, Schedule C for sole proprietorships and all relevant schedules). If the applicant firm is new (less than 12 months old), provide a current balance sheet and a projected profit/loss statement for the next 12-month period.

D. **Loans / Lines of Credit**

Provide copies of all signed and dated loan / line of credit agreements.

Sourese name and address Dollar Amount

Sourese name and address Dollar Amount

Sourese name and address Dollar Amount

21. **List the three largest contracts or purchase orders awarded in the past three years or for the period of time the firm has been in business:**

Name of Prime Contractor	Project Number	Contact Person	Telephone Number	\$ Amount of Contract

22. **List all active jobs on which this firm is currently working. If additional space is required, attach a separate sheet.**

Name of Prime Contractor	Project Location	Type of Work	Begin Date	Estimated Completion Date

<b>23. Affiliation</b>				
<b>A. Name(s) of affiliate firms:</b>				
<b>B. Do any of the individuals listed in questions 14 - 16 perform a management or supervisory function for any other firm?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, identify:				
Person:	Title:	Business:	Function:	
<b>C. Do any of the individuals listed in questions 14 - 16 own or work for other firms that have a business relationship with yours?</b> (e.g., ownership interest, shared office space, financial investments, equipment leases or personal sharing) <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, identify:				
Firm:	Person:	Business Relationship:		
<b>D. Whether affiliated or not, is the applicant 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, of office staff, with any other business, organization, or entity?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, identify:				
Firm's name:			Tax ID number:	
Explain nature of shared facilities:				
<b>E. At present or in the past 5 years:</b> If you answered yes to any of these questions, identify on a separate piece of paper any relevant names, addresses, dates, and explanations.		Has this firm been a subsidiary of any other firm? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Has this firm consisted of a partnership in which one or more of the partners are other firms? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Has any other firm owned 5 percent or more of this firm? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Has this firm owned 5 percent or more of any other firm? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Has this firm had any subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Owner/Manager	Name and Address of Firm	Title	Ownership %	Product of Service
<b>24. Current licenses</b> (e.g., contractor, engineer, architect, ILCC, etc.). Provide copy of license(s).				
License Holder	License name	Date of expiration	License number	
License Holder	License name	Date of expiration	License number	
<b>26. List the name(s) previously used by this firm and type of ownership</b> (e.g., sole proprietor)				
<b>27. Is this firm currently certified as a DBE, WBE, MBE, FBE, PBE, SDB or SBA 8(a) by any other federal, state, or local agency?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    Provide a copy of your certification letter(s).				
<b>28. Has this firm or any of its owners, board of directors or officers been denied or decertified DBE:, WBE, MBE, FBE, PBE, SDB or SBA 8(a) certification by any agency in any state?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate the state, the name of the agency, and the date. Provide a copy of the denial or decertification letter(s).				
State	Agency	Date		
<b>29. Submit any information you feel will provide additional proof of the ownership and control of the firm.</b>				

30. **Checklist.** Be sure you have submitted all requested information. Place an (X) mark by each item you have attached, as missing documentation will delay the processing of your application.

**All firms must attach the following documents:**

- Copies of all agreements impacting management control, or right of stockholders.
- Copies of bank authorization and signatory cards for all accounts.
- Provide work experience resumes for each owner, officer, director, partner and key supervisory personnel. Note: Information must detail dates and places of employment, names of employers, job duties and responsibilities and ownership interests.
- Proof of ethnicity and citizenship. For legal permanent resident, submit alien registration number, e.g., birth certificate, passport, tribal affiliation, etc.
- Documented proof of contributions (initial dollar investment in firm) used to acquire ownership for each owner. If contribution made by check, provide copies of both sides of canceled check(s).
- Description of real estate for office/storage/parking spaces with proof of ownership and/or signed leases.
- List of equipment and vehicle(s). Such items must be supported with purchase agreements, titles and/or signed lease agreements.
- Current, signed performance bond(s) and certificate(s) of insurance.
- Copies of firm's three (3) largest awarded contracts in the past three (3) years or for the period of time in business. Note: If firm does not utilize contracts, submit Purchase Orders.
- Copy of the majority owner(s) federal individual tax return, including all schedules and attachments for the last two (2) years.
- W-2's and 1099's for all owners, officers and director's for the last three (3) fiscal years.
- Financial documentation for the applicant firm and each affiliate firm for the past three (3) fiscal years. Documentation must include:
  - Copies of year-end balance sheet and profit/loss (income) statement
  - Copies of complete federal tax return forms including schedules (Form 1120 for corporations; Form 1120S for Subchapter S corporations; Form 1065 for partnerships; or Form 1040, Schedule C for sole proprietorships).  
If in business less than three (3) years, then submit financial documentation for the period of time the firm has been in business.
  - \* If the applicant firm/affiliate firm(s) is less than 12 months old, provide a current balance sheet and a projected profit/loss statement for the next 12-month period.
- Copies of all loan agreements, security agreements and lines of credit (signed and dated).
- All current, relevant licenses (municipal, trade, professional and trucking authorities).
- DBE/WBE/MBE/FBE/PBE/SDB or SBA 8(a) certifications or denials and decertifications.
- A notarized signature of each firm owner owning ten (10) percent or greater (See Affidavit of Certification).
- Social and Economic Disadvantage.
- Personal Net Worth affidavits.

**A sole proprietorship must provide:**

- Copies of assumed name, fictitious name or other registration certificate from appropriate governmental agency

**A partnership must provide:**

- Copies of original and any amended Partnership Agreements
- Copies of assumed name, fictitious name or other registration certificate from appropriate governmental agency, if applicable

**A limited liability company must provide**

- Copy of operating agreement, articles of organization and certification of organization

**A corporation must provide**

- Copies of official articles of incorporation (signed by the state official)
- Copies of both sides of all corporate stock certificates
- Copy of transfer ledger
- Copies of shareholders' agreements
- Minutes of all stockholders and board of directors meetings
- Copies of corporate by-laws and any amendments
- Copies of corporate bank resolution(s)