



**MINNESOTA UNIFIED CERTIFICATION PROGRAM**  
Minnesota Department of Transportation, Metropolitan Airports  
Commission & Metropolitan Council

**APPLICATION FOR CERTIFICATION as a  
DISADVANTAGED BUSINESS ENTERPRISE (DBE)** under  
Title 49 Code of Federal Regulations (C.F.R.) Part 26

Name of Firm: \_\_\_\_\_

Principal Contact in Firm: \_\_\_\_\_

Street Address of Firm: \_\_\_\_\_  
P.O. Box alone is not acceptable.

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address \_\_\_\_\_

Web site address \_\_\_\_\_

Date submitted: \_\_\_\_\_

- Original application sent to:
- Minnesota Department of Transportation
  - Minnesota Airports Commission
  - Metropolitan Council
  - Other \_\_\_\_\_

**MINNESOTA UNIFIED CERTIFICATION PROGRAM (Mn/UCP)  
DISADVANTAGED BUSINESS ENTERPRISE (DBE) APPLICATION**

The Minnesota Unified Certification Program (Mn/UCP) has established a Disadvantaged Business Enterprise (DBE) program in accordance with regulations of the U.S. Department of Transportation (DOT), 49 C.F.R. Part 26. Agencies that comprise the Mn/UCP have received Federal financial assistance from DOT and, as a condition of receiving this assistance, have signed an assurance that they will comply with 49 C.F.R Part 26.

It is the policy of Mn/UCP that, DBEs as defined in 49 C.F .R. Part 26 shall have the maximum feasible opportunity to participate in contracts financed in whole or in part with public funds. Consistent with this policy, Mn/UCP agencies will not allow any person or business to be excluded from participation in, denied the benefits of, or otherwise be discriminated against in connection with the award and performance of any DOT assisted contract because of race, color, sex, or national origin.

Any firm wishing to apply to Mn/UCP for certification as a DBE should complete this application. Firms must be ready, willing, and able to bid and perform on Mn/UCP agency's **federally funded transportation** projects to be eligible for certification.

Please return your completed application to one of the addresses below:

**Minnesota Department of Transportation**  
Office of EEO Contract Management  
395 John Ireland Boulevard  
St. Paul, MN 55155-1899  
(651) 366-3043 (Voice)  
(800) 627-3529 (TTY)  
(651) 366-3129 (FAX)  
Email:  
[Hope.Jensen@dot.state.mn.us](mailto:Hope.Jensen@dot.state.mn.us)

**Metropolitan Airports Commission**  
Office of Diversity  
6040 28<sup>th</sup> Avenue South  
Minneapolis, MN 55450  
(612) 726-8193 (Voice)  
(612) 726-8152 (TDD)  
(612) 794-4406 (FAX)  
Email:  
[Debra.Johnson@mspmac.org](mailto:Debra.Johnson@mspmac.org)

**Metropolitan Council**  
Office of Diversity and EEO  
F.T. Heywood Office  
560 Sixth Avenue North  
Minneapolis, MN 55411  
(612) 349-7463 (Voice)  
(651) 291-0904 (TTY)  
(612) 349-7568 (Fax)  
Email:  
[pat.calder@metc.state.mn.us](mailto:pat.calder@metc.state.mn.us)

**NOTE:** If your firm is a MINNESOTA business and is interested in bidding on projects that DO NOT receive federal transportation funds, obtain a **Targeted Group Business (TGB) application** from the Minnesota Department of Administration's Helpline at (651) 296-2600, or web site at [www.mmd.admin.state.mn.us/](http://www.mmd.admin.state.mn.us/). This application will be made available in alternative format to persons with disabilities, upon request.

**NOTE:** For definitions of the terms and procedures, which are relevant to the certification process, please review the federal regulations, 49 C.F.R. Part 26, which are contained in the attached Federal Register.

Public Law 99-272, the "Consolidated Omnibus Budget Reconciliation Act of 1985," which amends Section 16 of the Small Business Act, establishes penalties of up to \$50,000 fine or imprisonment of up to five years, or both, for misrepresenting, in writing, the status of any concern or person as a small business concern or small business owned and controlled by socially and economically disadvantaged individuals (a "DBE") in order to obtain for oneself or another any prime or subcontract to be awarded as a result, or in furtherance, of any other provision of federal law that specifically references Section 8( d) of the Small Business Act for a definition of eligibility.

As Section IO5(f) of the Surface Transportation Assistance Act of 1982 specifically refers to Section 8( d), this amendment applies to many transit and transportation projects. Anyone who believes that a person or firm has willfully and knowingly provided incorrect information or made false statements should call them to the attention of:

Minnesota Department of Transportation  
Office of Civil Rights  
(651) 366-3073

Metropolitan Council  
Office of Diversity and Equal Opportunity  
(651) 602-1769 or (612) 349-7683

**STATEMENT OF SOCIAL and ECONOMIC DISADVANTAGE**

*This statement is valid only when signed by the individual claiming social disadvantage.*

***This statement must also be notarized to be valid.***

Complete this form for each socially disadvantaged: (1) proprietor, (2) limited and general partner whose combined interest totals 51% or more, or (3) stockholder making up 51% or more of voting stock. If the manager of the company is a socially disadvantaged individual separate and apart from the owner, he/she must complete a copy of this form as well.

**DETERMINATION OF SOCIAL DISADVANTAGE**

In considering whether an individual applying for DBE status has experienced social disadvantage based upon the effects of discrimination, the individual shall take into account whether they have held themselves out to be a member of a disadvantaged group, has acted as a member of a community of disadvantaged persons, and would be identified by persons in the population at large as belonging to the disadvantaged group.

I certify that I have read and understand the above statement. I further certify that I have experienced social disadvantaged based on discrimination because of my: (check all that apply)

- Gender
- Race
- Ethnicity
- Other (please explain on separate sheet).

\_\_\_\_\_

Signature

Date

**In addition, please use the following space (attach additional sheets, if necessary) to detail how each proprietor in their own words has experienced social and economic disadvantage as outlined in 49C.F.R.Part 26.**

# Instructions for Completing the Disadvantaged Business Enterprise (DBE) Program Uniform Certification Application.

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

## Section 1: CERTIFICATION INFORMATION

### A. Prior/Other Certifications

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

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

### B. Prior/Other Applications and Privileges

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

## Section 2: GENERAL INFORMATION

### A. Contact Information

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

### B. Business Profile

- (1) In the box provided, briefly describe the primary business and professional activities in which your firm engages.
- (2) Give the Federal Tax ID number of your firm as provided on your firm's filed tax returns, if you have one. This could also be the Social Security number of the owner of your firm.
- (3) Give the date on which your firm was officially established, as stated in your firm's Articles of Incorporation.
- (4) Give the date on which you and/or each other owner took ownership of the firm.
- (5) Check the appropriate box that describes the manner in which you and each other owner acquired ownership of your firm. If you checked "Other," explain in the space provided.
- (6) Check the appropriate box that indicates whether your firm is "for profit."  
**NOTE:** If you checked "No," then you do NOT qualify for the DBE program and therefore do not need to complete the rest of this application. The DBE program requires all participating firms be for-profit enterprises.
- (7) Check the appropriate box that describes the legal form of ownership of your firm, as indicated in your firm's Articles of Incorporation. If you checked "Other," briefly explain in the space provided.
- (8) Check the appropriate box that indicates whether your firm has ever existed under different ownership, a different type of ownership, or a different name. If you checked "Yes," specify which and briefly explain the circumstances in the space provided.
- (9) Indicate in the spaces provided how many employees your firm has, specifying the number of employees who work on a full-time and part-time basis.
- (10) Specify the total gross receipts of your firm for each of the past three years, as declared in your firm's filed tax returns.

### C. Relationships with Other Businesses

- (1) Check the appropriate box that indicates whether your firm is

co-located at any of its business locations, or whether your firm shares a telephone number(s), a post office box, any office space, a yard, warehouse, other facilities, any equipment, or any office staff with any other business, organization, or entity of any kind. If you answered "Yes," then specify the name of the other firm(s) and briefly explain the nature of the shared facilities or other items in the space provided.

- (2) Check the appropriate box that indicates whether at present, or at any time in the past:

- (a) your firm has been a subsidiary of any other firm;
- (b) your firm consisted of a partnership in which one or more of the partners are other firms;
- (c) your firm has owned any percentage of any other firm; and
- (d) your firm has had any subsidiaries of its own.

- (3) Check the appropriate box that indicates whether any other firm has ever had an ownership interest in your firm.

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

### D. Immediate Family Member Businesses

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

## Section 3: OWNERSHIP

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

### A. Background Information

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

### B. Ownership Interest

- (1) State the number of years during which this owner has been an owner of your firm.
- (2) Indicate the dollar value of this owner's initial investment to acquire an ownership interest in your firm, broken down by cash, real estate, equipment, and/or other investment.
- (3) State the percentage of total ownership control of your firm that this owner possesses.
- (4) State the familial relationship of this owner to each other owner of your firm.
- (5) Indicate the number, percentage of the total, class, date acquired, and method by which this owner acquired his/her shares of stock in your firm.
- (6) Check the appropriate box that indicates whether this owner performs a management or supervisory function for any other business. If you checked "Yes," state the name of the other business and this owner's title or function held in that business.
- (7) Check the appropriate box that indicates whether this owner owns or works for any other firm(s) that has any relationship

with your firm. If you checked "Yes," identify the name of the other business and this owner's title or function held in that business. Briefly describe the nature of the business relationship in the space provided.

**C. Disadvantaged Status**

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

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

**Section 4: CONTROL**

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

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

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

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

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

- (1) **Equipment**  
State the type, make and model, and current dollar value of each piece of equipment held and/or used by your firm. Indicate whether each piece is either owned or leased by your firm.
- (2) **Vehicles**  
State the type, make and model, and current dollar value of each motor vehicle held and/or used by your firm. Indicate whether each vehicle is either owned or leased by your firm.
- (3) **Office Space**  
State the street address of each office space held and/or used by your firm. Indicate whether your firm owns or leases the

office space and the current dollar value of that property or its lease.

(4) **Storage Space**

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

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

Check the appropriate box that indicates whether your firm relies on any other firm for management functions or for employee payroll. If you answered "Yes," briefly explain the nature of that reliance and the extent to which the other firm carries out such functions.

**E. Financial Information**

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

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

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

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

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

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

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

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

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

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

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

**AFFIDAVIT & SIGNATURE**

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

**Disadvantaged Business Enterprise Program  
49 C.F.R. Part 26, Uniform Certification Application  
Roadmap for Applicants**

**Should I apply?**

- Is your firm at least 51%-owned by a socially and economically disadvantaged individual(s) who also controls the firm?
- Is the disadvantaged owner a U.S. citizen or lawfully admitted permanent resident of the U.S.?
- Is your firm a small business that meets the Small Business Administration's (SBA's) size standard and does not exceed \$17.42 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.

**Is there an easier way to apply?**

If you are currently certified by the SBA as an 8(a) and/or SDB firm, you may be eligible for a streamlined certification application process. Under this process, the certifying agency to which you are applying will accept your current SBA application package in lieu of requiring you to fill out and submit this form.

**NOTE: You must still meet the requirements for the DBE program, including undergoing an on-site review.**

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.

**Where can I find more information?**

U.S. DOT – <http://osdbu.dot.gov/includes/disclaimer.cfm?DestinationURL=288>  
(this site provides useful links to the rules and regulations governing the DBE program, questions and answers, and other pertinent information)

SBA – <http://www.census.gov/eos/www/naics/> (provides a listing of NAICS codes) and,  
<http://www.sba.gov/size/indextableofsize.html> (provides a listing of SIC codes).

“49 CFR Part 26” (the rules and regulations governing the DBE program)

Under Sec. 26.107 of “49 CFR Part 26,” dated February 2, 1999, if at any time, the Department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Department may initiate suspension or debarment proceedings against the person or firm under 49 CFR Part 29, 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.

**Section 1: CERTIFICATION INFORMATION**

**A. Prior/Other Certifications**

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

**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?

No  
 Yes, on \_\_\_\_\_ State: \_\_\_\_\_ Name of state, local or Federal Agency: \_\_\_\_\_

Explain the nature of the action:  
 \_\_\_\_\_

**Section 2: GENERAL INFORMATION**

**A. Contact Information**

(1) Contact person			Title:		
(2) Legal name of firm:					
(3) Phone #:			(4) Other Phone		
(6) E-mail:			(7) Web-site (if have one)		
(8) Street address of firm (No P.O. Box):			County/Parish		
City:			State:		Zip: _____
(9) Mailing address of firm (if different):			County/Parish:		
City:			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 Date _____	(4) I/We have owned this firm since: Date _____
(5) Method of acquisition (check all that apply): <input type="checkbox"/> Started new business <input type="checkbox"/> Bought existing business <input type="checkbox"/> Inherited business <input type="checkbox"/> Secured concession <input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Other (explain) _____	
(6) Is your firm "for profit"? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>⊗ STOP!</b> 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): <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other, Describe _____	

(8) Has your firm ever existed under different ownership, a different type of ownership, or a different name?  
 No  
 Yes  
 If yes, explain:

(9) Number of employees: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Total: \_\_\_\_\_  
 Specify the gross receipts of the firm for the last 3 years:  
 Year Total receipts: \$  
 Year Total receipts: \$  
 Year Total receipts: \$

**C. Relationships with Other Businesses**

(1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff, with any other business, organization, or entity?  
 Yes  
 No  
 If Yes, identify: Other Firm's name: \_\_\_\_\_  
 Explain nature of shared facilities:

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

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

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

(4) If you answered "Yes" to any of the questions in (2)(a)-(d) and/or (3), identify the following for each (*attach extra sheets, if needed*):

Name	Address	Type of Business
1.	_____	
2.		
3.		

**D. Immediate Family Member Businesses**

Do any of your immediate family members own or manage another company?  Yes  No  
 If Yes, then list (*attach extra sheets, if needed*):

Name	Relationship	Company	Type of Business	Own or Manage
1.				<input type="checkbox"/> <input type="checkbox"/>
2.				<input type="checkbox"/> <input type="checkbox"/>
3.				<input type="checkbox"/> <input type="checkbox"/>

**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: <input type="checkbox"/> Male <input type="checkbox"/> Female		(6) Ethnic group membership (Check all that apply):			
(7) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American	
(8) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Asian Pacific	<input type="checkbox"/> Subcontinent Asian		
		<input type="checkbox"/> Other (specify)			

**B. Ownership Interest**

(1) Number of years as owner:		(2) Initial investment to acquire ownership interest in firm:	Type	Dollar Value
(3) Percentage owned:			Cash	\$
(4) Familial relationship to other owners:			Real Estate	\$
			Equipment	\$
(5) Shares of Stock:				
Number	Percentage Acquired	Class	Date acquired	Method
(6) Does this owner perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> 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.)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, identify.	Name of Business:		Function/Title:	

**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 Financial Statement 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain (attach additional sheets if needed):

**Section 4: CONTROL**

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

	Name	Title	Date Appointed	Ethnicity	Gender
<b>(1) Officers of the Company</b>	(a)				
	(b)				
	(c)				
	(d)				
	(e)				
<b>(2) Board of Directors</b>	(a)				
	(b)				
	(c)				
	(d)				
	(e)				

(2) Do any of the persons listed in (1) and/or (2) above perform a management or supervisory function for any other business?  
 No  Yes If Yes, identify for each person.

	Person	Name of Business:	Function/Title
(1a)			
(1b)			
(1c)			
(1d)			
(1e)			
(2a)			
(2b)			
(2c)			
(2d)			
(2e)			

(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

Person	Firm Name:	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 <i>(responsibility for acquisition of lines of credit, surety bonding, supplies, etc.)</i>	a.			
	b.			
(2) Estimating and bidding	a.			
	b.			
(3) Negotiating and Contract Execution	a.			
	b.			
(4) Hiring/firing of management personnel	a.			
	b.			
(5) Field/Production Operations Supervisor	a.			
	b.			
(6) Office management	a.			
	b.			
(7) Marketing/Sales	a.			
	b.			
(8) Purchasing of major equipment	a.			
	b.			
(9) Authorized to Sign Company Checks (for any purpose)	a.			
	b.			
(10) Authorized to make Financial Transactions	a.			
	b.			
(11) Do any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> 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.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify for each:				
Firm Name	Person:	Nature of Business Relationship:		

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

**(1) Equipment**

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

**(2) Vehicles**

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

**(3) Office Space**

Street Address	Owned or Leased?	Current Value of Property or Lease
(a)		
(b)		

**(4) Storage Space**

Street Address	Owned or Leased?	Current Value of Property or Lease
(a)		
(b)		

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

If Yes, explain:

If Yes, explain:
------------------

**E. Financial Information****(1) Banking Information:**

(a) Name of bank:		(b) Phone:	
(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 or Permit Holder	Type of License/Permit	Expiration Date	License Number/ State
1.			
2.			
3.			

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

Name of Owner or Contractor	Name/Location of Project	Type of Work Performed	Dollar Value of Contract
1.			
2.			
3.			

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

Name of Prime Contractor and Project Number	Location of Project	Type of Work	Project Start Date	Anticipated Completion Date	Dollar Value of Contract
1.					
2.					
3.					

**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 \_\_\_\_\_, swear or affirm under penalty of law that I am \_\_\_\_\_ of applicant firm \_\_\_\_\_ and that I have read and understood all of the questions in this application and

(full name printed above)

(Title above)

(firm name above)

that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its places(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the recipient agency or Unified Certification Program (UCP) of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

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

- Female
- Black American
- Hispanic American
- Native American
- Asian-Pacific American
- Subcontinent Asian-American
- Other (specify) \_\_\_\_\_

I certify that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified above, without regard to my individual qualities.

I further certify that my personal net worth does not exceed \$750,000, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Executed on: \_\_\_\_\_  
(Date above)

Signature: \_\_\_\_\_  
(DBE Applicant above)

NOTARY CERTIFICATE:

**DBE UNIFORM CERTIFICATION APPLICATION  
SUPPORTING DOCUMENTS  
CHECKLIST**

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

**All Applicants**

- Work experience resumes (that include places of ownership/employment with corresponding dates), for all owners and officers of your firm.
- Personal Financial Statement (form available with this application)
- Personal tax returns for the past three years, if applicable, for each owner claiming disadvantaged status
- Your firm's tax returns (gross receipts) and all related schedules for the past three years
- Documented proof of contributions used to acquire ownership for each owner (*e.g. both sides of cancelled checks*)
- Your firm's signed loan agreements, security agreements, and bonding forms
- Descriptions of all real estate (including office/storage space, etc.) owned/leased by your firm and documented proof of ownership/signed leases
- List of equipment leased and signed lease agreements
- List of construction equipment and/or vehicles owned and titles/proof of ownership
- Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past two years
- Year-end balance sheets and income statements for the past three years (*or life of firm, if less than three years*); a new business must provide a current balance sheet.
- All relevant licenses, license renewal forms, permits, and haul authority forms
- DBE and SBA 8(a) or SDB certifications, denials, and/or decertifications, if applicable
- Bank authorization and signatory cards
- Schedule of salaries (or other compensation or remuneration) paid to all officers, managers, owners, and/or directors of the firm
- Trust agreements held by any owner claiming disadvantaged status, if any
- Foreign Corporation Registration documents (for out of state companies)

**Partnership or Joint Venture**

- Original and any amended Partnership or Joint Venture Agreements

**Corporation or LLC**

- Official Articles of Incorporation (*signed by the state official*)
- Both sides of all corporate stock certificates and your firm's stock transfer ledger
- Shareholders' Agreement
- Minutes of all stockholders and board of directors meetings
- Corporate by-laws and any amendments
- Corporate bank resolution and bank signature cards
- Official Certificate of Formation and Operating Agreement with any amendments (for LLCs)

**Trucking Company**

- Documented proof of ownership of the company
- Insurance agreements for each truck owned or operated by your firm
- Title(s) and registration certificate(s) for each truck owned or operated by your firm
- List of U.S. DOT numbers for each truck owned or operated by your firm

**Regular Dealer**

- Proof of warehouse ownership or lease
- List of product lines carried
- List of distribution equipment owned and/or leased

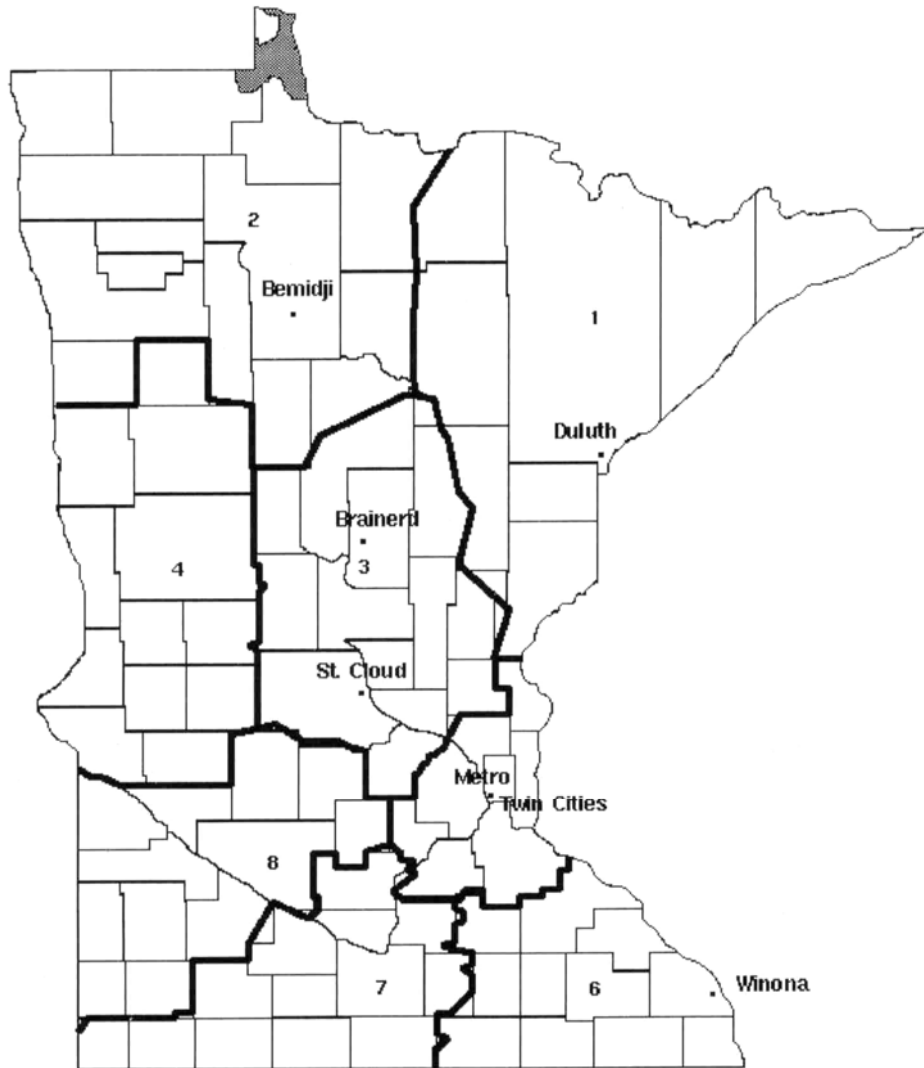
**NOTE: The specific state UCP to which you are applying may have additional required documents that you must also supply with your application. Contact the appropriate certifying agency to which you are applying to find out if more is required.**

# Minnesota Unified Certification Program

Area of the state you wish to be considered for (check all that apply):

- |                       |                          |                            |                          |                      |                          |
|-----------------------|--------------------------|----------------------------|--------------------------|----------------------|--------------------------|
| District 1 (Duluth)   | <input type="checkbox"/> | District 4 (Detroit Lakes) | <input type="checkbox"/> | District 7 (Mankato) | <input type="checkbox"/> |
| District 2 (Bemidji)  | <input type="checkbox"/> | Metro District             | <input type="checkbox"/> | District 8 (Wilmar)  | <input type="checkbox"/> |
| District 3 (Brainerd) | <input type="checkbox"/> | District 6 (Rochester)     | <input type="checkbox"/> | Statewide            | <input type="checkbox"/> |

See map below for location of districts.



## AREAS OF WORK

Indicate areas of work presently able to perform and for which you desire certification.

### A. CONSULTANT SERVICES

- ACCOUNTING
  - ARCHITECTURAL
  - CIVIL ENGINEERING
  - SURVEYING
  - ENGINEERING
  - IS PLANNING
  - LANDSCAPE
  - MANAGEMENT
  - MARKET RESEARCH/ PLANNING
  - RIGHT-OF-WAY
  - SOILS
  - TECHNICAL
  - OTHER (SPECIFY)
- 

### B. CONSTRUCTION

- AGGREGATE
  - Base
  - Shouldering
- BITUMINOUS
  - Paving
  - Seal Coating
  - Removal/Salvage
- BRIDGES
  - Concrete
  - Painting
  - Steel
  - Wood
- COMMERCIAL/RESIDENTIAL
- CONCRETE
  - Curb And Gutter
  - Medians
  - Sidewalk
  - Paving
  - Removal
- CULVERTS
  - Corrugated Steel
  - Concrete, Pre-cast, Reinforced
- GUARDRAIL
- DEMOLITION
- DRAIN TILE

- ELECTRICAL
  - Electrical Systems
  - Traffic Systems
  - Residential
  - Commercial
  - High Voltage
- EXCAVATING & GRADING
  - Common
  - Rock
  - Muck
  - Clear & Grub
- MEDIAN BARRIERS
- METALS
  - Reinforcement Bars
  - Structural Steel
  - Steel Foundations
  - Signs & Markers
  - Steel Piling
  - Painting
- REMOVAL
  - Culverts
  - Sewer Pipe
  - Concrete
  - Guardrail
- SANDBLASTING
- SEWER PIPE
  - Metal
  - Concrete
  - Plastic
  - Clay
- SAWING
  - Bituminous
  - Concrete
  - Sealing
- TRAFFIC CONTROL
- TURF ESTABLISHMENT
  - Seeding
  - Sodding
  - Mulching
  - Disc Anchoring
  - Poly Netting
  - Wood Fiber Blanket
  - Commercial Fertilizer
  - Water
  - Roadside Spraying
  - Weed Spraying
  - Trimming/Pruning

- UTILITIES
- OTHER – Other Areas of Work
- Not
- Listed Above

### C. MISCELLANEOUS SERVICES

- BUILDING MAINTENANCE
  - EQUIPMENT RENTAL
  - GROUND MAINTENANCE
  - JANITORIAL SERVICE
  - SECURITY SERVICE
  - OTHER (SPECIFY)
- 

### D. SUPPLIERS

- ASPHALT
  - CONCRETE
  - ELECTRICAL
  - FUEL/OIL
  - LANDSCAPING MATERIAL
  - LUMBER
  - ELECTRONIC COMPONENT
  - PAINT
  - PIPE
  - SAND & GRAVEL
  - OTHER (SPECIFY)
- 

### E. CONCESSIONAIRES

- FOOD & BEVERAGE
- GIFT & RETAIL
- SERVICE

### F. TRANSIT VEHICLE MAINTENANCE

- OTHER (SPECIFY)
- 

### G. TRUCKING

- (Complete if performing Trucking/  
Hauling)
- ASPHALT
  - CONCRETE
  - FUEL/OIL
  - SAND & GRAVEL



**Minnesota Unified Certification Program  
Disadvantaged Business Enterprise**

**Personal Net Worth Statement**

Complete this form for: each disadvantaged proprietor, or (2) each limited partner who owns 51% or more interest and each general partner, or (3) each stockholder owning 51% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name		Business Phone	
Residence Address		Residence Phone	
City, State and Zip Code			
Name of Business			

<b>ASSETS</b>		<b>LIABILITIES</b>	
	(Omit Cents)		(Omit Cents)
Cash on hand and in bank(s)	\$	Accounts Payable	\$
Savings Accounts	\$	Notes Payable to Banks and Others:	\$ (Describe in Section 2)
IRA or Other Retirement Accounts	\$	Installment Account (Auto) Monthly Payments	\$ \$
Accounts & Notes Receivable	\$	Installment Account (Other) Monthly Payments	\$ \$
Life Insurance-Cash Surrender Value Only	\$ (Complete Section 8)	Loan on Life Insurance	\$
Stocks and Bonds	\$ (Describe in Section 3)	Mortgages on Real Estate	\$ (Describe in Section 4)
Real Estate	\$ (Describe in Section 4)	Unpaid Taxes	\$ (Describe in Section 6)
Automobile(s)-Present Value	\$	Other Liabilities	\$ (Describe in Section 7)
Other Personal Property	\$ (Describe in Section 5)		
Other Assets	\$ (Describe in Section 5)		
<b>Total Assets</b>	\$	<b>Total Liabilities</b>	\$
		<b>TOTAL NET WORTH</b> (Assets – Liabilities)	\$

Section 1. Source of Income		Contingent Liabilities	
Salary	\$	As Endorser or Co-Maker	\$
Net Investment Income	\$	Legal Claims and Judgments	\$
Real Estate Income	\$	Provision for Federal Income Tax	\$
Other Income (Describe below)	\$	Other Special Debt	\$
<b>Description of Other Income in Section 1.</b>			

Section 2. Notes Payable to Bank and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)					
Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachment if necessary. Each attachment must be identified as a part of this PNW Statement and must be signed.)					
Number of Shares	Name of Securities	Cost	Market Value Quotation/ Exchange	Date of Quotation/ Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this PNW Statement and must be signed.)			
	Property A	Property B	Property C
Type of Property			
Address			

Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment Per Month/Year (Specify)			
Status of Mortgage			

**Section 5. Other Personal Property and Other Assets.** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, Terms of payment, and if delinquent, describe delinquency)

**Section 6. Unpaid Taxes.** (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches).

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

**Section 8. Life Insurance Held.**

(Give face amount and cash surrender value of policies - name of insurance company and beneficiaries).

I hereby certify that no assets have been transferred to any beneficiary for less than fair market value in the last two years. I authorize the Minnesota Unified Certification Program (Mn/UCP) to verify the accuracy of the statements made in order to determine whether I meet the standards of economic disadvantage for participation in the DBE Program in the Mn/UCP. These statements are true and correct to the best of my belief.

:

\_\_\_\_\_  
Signature Date Social Security Number

\_\_\_\_\_  
Signature Date Social Security Number

State of \_\_\_\_\_ Notary Public  
County of \_\_\_\_\_ Commission expires: \_\_\_\_\_

(Seal)

On this \_\_\_\_\_ of, \_\_\_\_\_, 20\_\_\_\_\_.