

# AIRPORT CONCESSIONS DISADVANTAGED BUSINESS ENTERPRISE (ACDBE) WORKSHOP

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Small Business Outreach Specialist  
Office of Business & Economic Opportunity



**Understanding the California  
Unified Certification Program.**

**Where can I apply and what are  
the benefits?**

**Who is eligible to be a ACDBE  
and what is the application like?**

**I'm certified, what next?**

# CALIFORNIA UNIFIED CERTIFICATION PROGRAM (CUCP)

- ❑ The United States Department of Transportation (USDOT) requires that a Unified Certification Program (UCP), governed by 49 CFR, Part 23 be put into practice by each state.
- ❑ The purpose of the UCP is to provide “one-stop shopping” of certification services to socially and economically disadvantaged individuals. Caltrans is the statewide certifying agency.



# ACDBE CERTIFYING AGENCIES (4)

- ▶ CA Department of Transportation (Caltrans)
- ▶ City of Los Angeles
- ▶ San Diego Regional Airport Authority (SDRAA)
- ▶ San Francisco International Airport

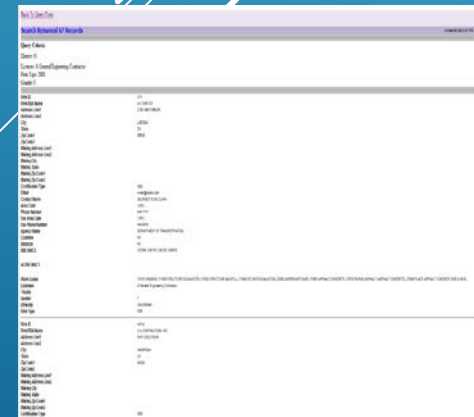




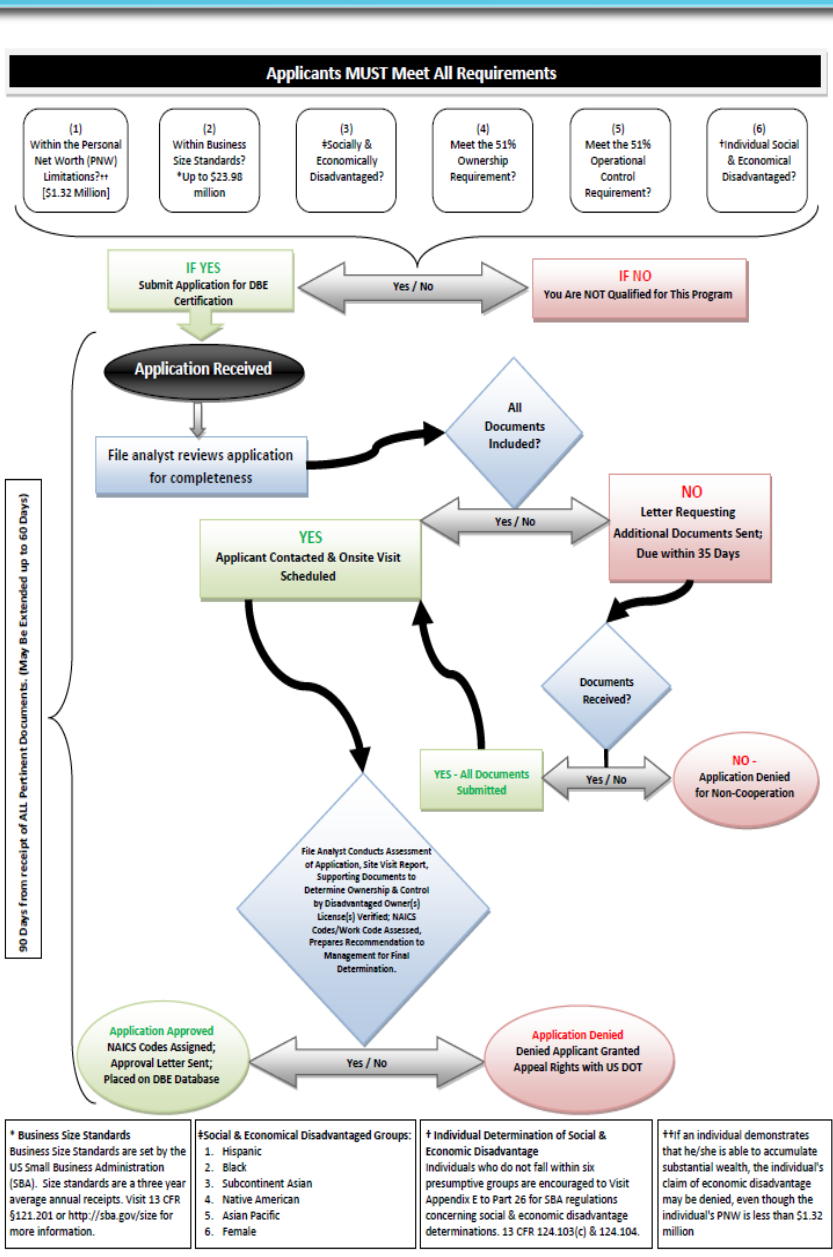
# BENEFITS OF BECOMING CERTIFIED

READY  
WILLING  
&  
ABLE

- ❑ Certification is recognized by 800 local agencies in California, other states and private companies.
- ❑ Expands opportunities to participate on federally-funded contracts.
- ❑ Increases opportunities to network at events such as procurement fairs and pre-bids.
- ❑ Listing on the official CUCP database.



# ACDBE APPLICATION PROCESS



- Initial review of ACDBE application by file analyst.
- Applicants will be contacted if application is incomplete and/or more information is required.
- Includes scheduling and conducting the mandatory onsite interview at the applicant's place of business or home office.
- ACDBE regulations requires Caltrans to process applications within 90 days of receipt of all required documents.



## ACDBE Eligibility Criteria

- ❑ **Social and Economic Disadvantage**
  - ❑ **Business Size Standards**
  - ❑ **Personal Net Worth**
  - ❑ **Ownership**
  - ❑ **Control**
- ▶ **Women, Black, Hispanic, Subcontinent-Asian, Asian-Pacific, & Native American**
  - ▶ **3 year averaged gross receipts to be no greater than \$56.42 Million. The amount is not the same for all industries.**
  - ▶ **\$1.32 Million**
  - ▶ **51% Majority owner(s)**
  - ▶ **Majority owner(s) control**

**NOTE: If you are not in one of the six (6) presumptive groups, you will be asked to provide a narrative explaining why you should be considered both Socially and Economically disadvantage. (See 49 CFR Part 26, Appendix E)**



Appendix F

**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 (\$52.47 million for ACDBEs). (Other size standards apply for ACDBEs 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? INSERT UCP PARTICIPATING MEMBER CONTACT INFORMATION**

**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)

SBA—Small Business Size Standards matched to the North American Industry Classification System (NAICS):  
<http://www.census.gov/eos/www/naics/> and <http://www.sba.gov/content/table-small-business-size-standards>

# WHERE CAN I FIND THE DBE APPLICATION PACKET?

❑ CUCP DBE Application Packages are available online at <https://cucp.dot.ca.gov/cucp>



OBEO Main Page has all your DBE information in one location  
[www.dot.ca.gov/oboe/index.html](http://www.dot.ca.gov/oboe/index.html)



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## Office of Business & Economic Opportunity (OBEO)

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The California Department of Transportation (Caltrans), Office of Business & Economic Opportunity (OBEO) is dedicated to increasing the participation of Small Business (SB), Disadvantaged Business Enterprise (DBE), and Disabled Veteran Business Enterprise (DVBE) firms in both Federal and State contracting and procurement.

OBEO ensures non-discrimination in the execution of contracts and promotes positive external customer relations.

## Disadvantaged Business Enterprise Program (DBE)

### Federal Program

Caltrans is committed to an overall Disadvantaged Business Enterprise (DBE) goal of 12.5 percent on its federal-funded projects based upon a race-neutral and race-conscious methodology. To learn more about how the DBE goal was established and how to obtain DBE Certification, click on the links below:

#### How do I...

[Find a DBE Certified Firm](#)

[Become DBE Certified](#)

[Find Other Certifying Agency \(PDF\)](#)

California's Governor

**Edmund G. Brown Jr.**

[Visit His Webpage](#)



Caltrans Director

**Malcolm  
Dougherty**

[Caltrans](#)



Assistant Director, OBEO

**Janice Salais**

[Office Home Page](#)



### OBEO Links

- [What's New](#)
- [Disadvantaged Business Enterprise](#)
- [Title VI Program](#)
- [External Equal Opportunity Program](#)
- [Reports \(DBE/DVBE Data\)](#)
- [Caltrans Statewide Small Business Council](#)
- [Resources](#)

# Downloading the DBE/ACDBE Application

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## California Disadvantaged Business Enterprise (DBE)

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[Caltrans OBEO](#)

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## Business Location

Select the location of your principal place of business:

-Select State- ▼

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# Guidelines

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## Certification Guidelines

Select (check box) all that apply:

- ☐ This Business is at least 51% owned and controlled by one or more **socially and economically disadvantaged** individual(s). ‡
- ☐ This Business is an existing *For-Profit* Small Business whose three-year annual gross receipts (including affiliates) does not exceed \$23.98 million. \*
- ☐ The Personal Net Worth of applicant(s) does not exceed \$1.32 million. ¥
- ☐ The Business Owner is a U.S. Citizen or Lawfully Admitted Permanent Resident of the U.S.
- ☐ This Business is *Independent*.

[Continue](#)

‡ Social & Economical Disadvantaged Groups: 1. Hispanic; 2. Black; 3. Subcontinent Asian; 4. Native American; 5. Asian Pacific; 6. Female. Individuals who do not fall within six presumptive groups are encouraged to Visit Appendix E to Part 26 for SBA regulations concerning social & economic disadvantage determinations. 13 CFR 124.103(c) & 124.104. [Black Americans, Hispanic Americans, Native Americans, Alaska Natives, Asian-Pacific Americans, Subcontinent Asian Americans, and Women (as per 49 CFR Part 26 and SBA).]

\* Business Size Standards are set by the US Small Business Administration (SBA). Size standards are a three year average annual receipts. Visit 13 CFR §121.201 or <http://sba.gov/size> for more information.

¥ Social & Economical Disadvantaged Groups: 1. Hispanic; 2. Black; 3. Subcontinent Asian; 4. Native American; 5. Asian Pacific; 6. Female. Individuals who do not fall within six presumptive groups are encouraged to Visit Appendix E to Part 26 for SBA regulations concerning social & economic disadvantage determinations. ¥ If an individual demonstrates that he/she is able to accumulate substantial wealth, the individual's claim of economic disadvantage may be denied, even though the individual's PNW is less than \$1.32 million.



## California Disadvantaged Business Enterprise (DBE)

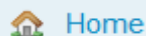
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## California DBE Application

You may proceed with completion of the **Disadvantaged Business Enterprise (DBE)** certification application.

Use the links below to:

- view application instructions
- download the fillable application
- view mailing instructions

*Note: The application can be downloaded, filled out, printed, and saved. Currently, you may not submit the application electronically.*

[DBE Instructions](#)

[DBE Application](#)

[Mailing Instructions](#)

### After You Submit Your Application:

- Certification is not provided until the application is reviewed and approved by a certifying agency.
- The application process may take up to 90-days from the date that all pertinent documents are provided to certifying agency.
- There is a mandatory site visit required at business/work location (if any); you will be contacted to arrange this once documents are verified.

*Thank you for your interest in doing work with the State of California.*



Do your NAICS  
Code research for  
your firm before  
starting your  
application.

Resource websites:

☐ [www.census.gov/eos/www/naics/](http://www.census.gov/eos/www/naics/)

☐ [www.naics.com](http://www.naics.com)

**Section 1: CERTIFICATION INFORMATION**  
**A. Basic Contact Information**



(1) Contact person and Title: JOHN DOE (2) Legal name of firm: JOHN DOE CONSTRUCTION, INC.  
(3) Phone #: (123) 456 - 7890 (4) Other Phone #: ( ) - ( ) (5) Fax #: (123) 456 - 7891  
(6) E-mail: JD@JDCONSTRUCTION.COM (7) Firm Websites: WWW.JDCONSTRUCTION.COM  
(8) Street address of firm (No P.O. Box): City: SACRAMENTO County/Parish: SACRAMENTO State: CA Zip: 99999 -  
1234 OBEO LANE  
(9) Mailing address of firm (if different): 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:

⊗ 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 01 / 01 / 2010 (4) I/We have owned this firm since: 01 / 01 / 10

(5) Method of acquisition (Check all that apply):

- ☒ Started new business ☐ Bought existing business ☐ Inherited business ☐ Secured concession  
☐ Merger or consolidation ☐ Other (explain)

# NAICS CODES AND WORKS CODES

❑ North American Industry Classification System (NAICS) classifies business for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. economy. NAICS codes are required for the application and based on the firm's primary business activity.

Go to...<http://www.naics.com>

❑ Certifying agencies use the accompanying license(s) and the NAICS cross references to assign Work Codes that describe a firms' primary business activity. The work codes distinguish DBE/ACDBE firms involved in the physical act of construction from those that provide support services to the construction industry.

NOTE: Works codes are assigned based on the primary business activities of the firm at the time of certification, and not what the firms intends to do in the future.



Firm Tax ID#

Gross receipts

(6) Is your firm "for profit"? ☒ Yes ☐ No  
Federal Tax ID# 00-123456789

**STOP!** If your firm is NOT for-profit, then you do NOT qualify for this program and should not fill out this application.



(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 1 Total 8  
(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).

Year 2010	Gross Receipts of Applicant Firm \$ 550,879	Gross Receipts of Affiliate Firms \$ _____
Year 2011	Gross Receipts of Applicant Firm \$ 340,770	Gross Receipts of Affiliate Firms \$ _____
Year 2012	Gross Receipts of Applicant Firm \$ 800,120	Gross Receipts of Affiliate Firms \$ _____

#### 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).

Describe familial relationships with other owners & employees



### Section 3: MAJORITY OWNER INFORMATION

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

<b>(1) Full Name:</b> JOHN DOE	<b>(2) Title:</b> OWNER & PRESIDENT/CEO	<b>(3) Home Phone #:</b> (123 ) 456 - 7891
<b>(4) Home Address (Street and Number):</b> 1234 OBELO LANE	<b>City:</b> SACRAMENTO	<b>State:</b> CA
<b>Zip:</b> 95699 -		

**(5) Gender:** ☒ Male ☐ Female

**(6) Ethnic group membership (Check all that apply):**

☐ Black

☐ Hispanic

☐ Asian Pacific

☒ Native American

☐ Subcontinent Asian

☐ Other (specify) \_\_\_\_\_

**(7) U.S. Citizenship:**

☒ U.S. Citizen

☐ Lawfully Admitted Permanent Resident

**(8) Number of years as owner:** 5

**(9) Percentage owned:** 51 %

**Class of stock owned:** A

**Date acquired:** 01/01/10

(10) Initial investment to acquire ownership interest in firm:	Type	Dollar Value
	Cash	\$ 5,100
	Real Estate	\$
	Equipment	\$
	Other	\$

**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)*

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**B. Additional Owner Information**

**(1) Describe familial relationship to other owners and employees:**  
 MY SPOUSE OWNS 49% OF THE BUSINESS

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**(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: N/A

**(4)(a) What is the personal net worth of this disadvantaged owner applying for certification ?** \$5,100


**(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):* \_\_\_\_\_

Accurately reflect your ownership and initial investment, your financials should support this. Please provide any backup documentation.

If something doesn't  
apply to you, write  
N/A.

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)

<b>(1) Full Name:</b> Jane Doe	<b>(2) Title:</b> Owner/Secretary & Treasurer	<b>(3) Home Phone #:</b> (123) 456 - 7891
<b>(4) Home Address (Street and Number):</b> 1234 OBELO Lane	<b>City:</b> Sacramento	<b>State:</b> CA
<b>Zip:</b> 95999		

**(5) Gender:** ☐ Male ☒ Female

**(6) Ethnic group membership** (Check all that apply)

☐ Black ☒ Hispanic  
☐ Asian Pacific ☐ Native American  
☐ Subcontinent Asian  
☐ Other (specify) \_\_\_\_\_

**(7) U.S. Citizenship:**

☒ U.S. Citizen  
☐ Lawfully Admitted Permanent Resident

**(8) Number of years as owner:** 5

**(9) Percentage owned:** 49 %  
 Class of stock owned: A  
 Date acquired 01/01/2010

**(10) Initial investment to acquire ownership interest in firm:**

Type	Dollar Value
Cash	\$ 4,900
Real Estate	\$
Equipment	\$
Other	\$

Describe how you acquired your business:

☐ Started business myself  
☐ It was a gift from: \_\_\_\_\_  
☐ I bought it from: \_\_\_\_\_  
☐ I inherited it from: \_\_\_\_\_  
☒ Other Contributed into business with spouse

(Attach documentation substantiating your investment)

**B. Additional Owner Information**

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

Part owner with spouse

**(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:** N/A

**(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): \_\_\_\_\_

U.S. DOT Uniform DBE/ACDBE Certification Application • Page 8 of 14

#### Section 4: CONTROL



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

	Name	Title	Date Appointed	Ethnicity	Gender
(1) Officers of the Company	(a) JOHN DOE	PRESIDENT/CEO	01/01/10	Native Amer	M
	(b) JANE DOE	SECRETARY/TRESUR	01/01/10	Hispanic	F
	(c)				
	(d)				
(2) Board of Directors	(a) JOHN DOE	CHAIRMAN	01/01/10	Native Amer	M
	(b) JANE DOE	DIRECTOR	01/01/10	Hispanic	F
	(c)				
	(d)				

**(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).)

		Majority Owner (51% or more)					Minority Owner (49% or less)									
A= Always	S = Seldom	Name: JOHN DOE					Name: JANE DOE									
F = Frequently	N = Never	Title: PRESIDENT/CEO					Title: SECRETARY & TREASURER									
		Percent Owned: 51					Percent Owned: 49									
Sets policy for company direction/scope of operations	A	<input checked="" type="checkbox"/>	F	<input type="checkbox"/>	S	<input type="checkbox"/>	N	<input type="checkbox"/>	A	<input type="checkbox"/>	F	<input type="checkbox"/>	S	<input type="checkbox"/>	N	<input type="checkbox"/>
Bidding and estimating	A	<input checked="" type="checkbox"/>	F	<input type="checkbox"/>	S	<input type="checkbox"/>	N	<input type="checkbox"/>	A	<input type="checkbox"/>	F	<input type="checkbox"/>	S	<input type="checkbox"/>	N	<input type="checkbox"/>
Major purchasing decisions	A	<input type="checkbox"/>	F	<input checked="" type="checkbox"/>	S	<input type="checkbox"/>	N	<input type="checkbox"/>	A	<input type="checkbox"/>	F	<input checked="" type="checkbox"/>	S	<input type="checkbox"/>	N	<input type="checkbox"/>
Marketing and sales	A	<input type="checkbox"/>	F	<input checked="" type="checkbox"/>	S	<input type="checkbox"/>	N	<input type="checkbox"/>	A	<input type="checkbox"/>	F	<input checked="" type="checkbox"/>	S	<input type="checkbox"/>	N	<input type="checkbox"/>
Supervises field operations	A	<input checked="" type="checkbox"/>	F	<input type="checkbox"/>	S	<input type="checkbox"/>	N	<input type="checkbox"/>	A	<input type="checkbox"/>	F	<input type="checkbox"/>	S	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
Attend bid opening and lettings	A	<input checked="" type="checkbox"/>	F	<input type="checkbox"/>	S	<input type="checkbox"/>	N	<input type="checkbox"/>	A	<input type="checkbox"/>	F	<input type="checkbox"/>	S	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
Perform office management (billing, accounts receivable/payable, etc.)	A	<input type="checkbox"/>	F	<input type="checkbox"/>	S	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>	A	<input checked="" type="checkbox"/>	F	<input type="checkbox"/>	S	<input type="checkbox"/>	N	<input type="checkbox"/>
Hires and fires management staff	A	<input checked="" type="checkbox"/>	F	<input type="checkbox"/>	S	<input type="checkbox"/>	N	<input type="checkbox"/>	A	<input type="checkbox"/>	F	<input checked="" type="checkbox"/>	S	<input type="checkbox"/>	N	<input type="checkbox"/>
Hire and fire field staff or crew	A	<input checked="" type="checkbox"/>	F	<input type="checkbox"/>	S	<input type="checkbox"/>	N	<input type="checkbox"/>	A	<input type="checkbox"/>	F	<input checked="" type="checkbox"/>	S	<input type="checkbox"/>	N	<input type="checkbox"/>
Designates profits spending or investment	A	<input type="checkbox"/>	F	<input checked="" type="checkbox"/>	S	<input type="checkbox"/>	N	<input type="checkbox"/>	A	<input type="checkbox"/>	F	<input type="checkbox"/>	S	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
Obligates business by contract/credit	A	<input type="checkbox"/>	F	<input type="checkbox"/>	S	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>	A	<input checked="" type="checkbox"/>	F	<input type="checkbox"/>	S	<input type="checkbox"/>	N	<input type="checkbox"/>
Purchase equipment	A	<input type="checkbox"/>	F	<input checked="" type="checkbox"/>	S	<input type="checkbox"/>	N	<input type="checkbox"/>	A	<input checked="" type="checkbox"/>	F	<input type="checkbox"/>	S	<input type="checkbox"/>	N	<input type="checkbox"/>
Signs business checks	A	<input type="checkbox"/>	F	<input checked="" type="checkbox"/>	S	<input type="checkbox"/>	N	<input type="checkbox"/>	A	<input type="checkbox"/>	F	<input checked="" type="checkbox"/>	S	<input type="checkbox"/>	N	<input type="checkbox"/>

**Who does what?**

Make sure to accurately provide this information and ensure it reflects the duties of the staff listed.



**2. Complete for all Officers, Directors, Managers, and Key Personnel who control the following functions for the firm. (Attach separate sheets as needed).**

A = Always F = Frequently S = Seldom N = Never	Officer/Director/Manager/Key Personnel				Officer/Director/Manager/Key Personnel			
	Name: _____ Title: _____ Race and Gender: _____ Percent Owned: _____				Name: _____ Title: _____ Race and Gender: _____ Percent Owned: _____			
Sets policy for company direction/scope of operations	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Bidding and estimating	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Major purchasing decisions	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Marketing and sales	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Supervises field operations	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Attend bid opening and lettings	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Perform office management (billing, accounts receivable/payable, etc.)	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Hires and fires management staff	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Hire and fire field staff or crew	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Designates profits spending or investment	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Obligates business by contract/credit	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Purchase equipment	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Signs business checks	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>

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: N/A

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: N/A

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

**1. Equipment and Vehicles**

	Make and Model	Current Value	Owned or Leased by Firm or Owner?	Used as collateral?	Where is item stored?
1.	EXCAVATOR	\$ 155,000	OWNED	NO	HOME OFFICE
2.	DOZER	\$ 35,000	OWNED		HOME OFFICE
3.	SKID-STEER	\$ 10,000	OWNED		HOME
4.					
5.					
6.					
7.					
8.					
9.					

**2. Office Space**

Street Address	Owned or Leased by Firm or Owner?	Current Value of Property or Lease
1234 OBEY LANE	OWNED	\$ 500,000

Don't forget to include all of your equipment you own or lease to perform your work and conduct business.

**3. Storage Space** (Provide signed lease agreements for the properties listed)



Street Address	Owned or Leased by Firm or Owner?	Current Value of Property or Lease
Home Office	Home Address	

**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: Bank of Money City and State: Sacramento, CA

The following individuals are able to sign checks on this account: John 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).

Name of Source	Address of Source	Name of Person Guaranteeing the Loan	Original Amount	Current Balance	Purpose of Loan
1. Bank of Money	12345 Lane	John Doe	\$ 200,000	\$ 140,000	Working Capital
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):

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	State
1. John Doe	General "A" Contractors	01/01/2016	CA
2.			
3.			

**"HINT"** read through the application and make note of what financial information is needed prior to beginning the process. This will allow you to move through the application without stopping.



**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.	CA Department of Transportation	Interstate-5 Widening	Roadway excavation, leveling, compactin	\$ 205,843
2.	City of Sacramento	J St. repairs Sacramento, CA	Grading & Earthwork	\$ 55,458
3.	CA Dept of Transportation	Interstate 80 repairs Davis CA	Earthwork, grading, demolition, & paving	\$ 558,893

**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.	JOHN DOE CONSTRUCTION, INC	Sacramento	Earthwork, grading, demolition, paving	01/01/15	04/12/15	\$ 850,432.00
2.						
3.						

**AIRPORT CONCESSION (ACDBE) APPLICANTS ONLY MUST COMPLETE THIS SECTION**

**Identify the following information concerning the ACDBE applicant firm:**

<u>Concession Space</u>	<u>Address / Location at Airport</u>	<u>Value of Property or Lease</u>	<u>Fees/Lease Payments Paid to the Airport</u>

**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**

<u>Name of Concession</u>	<u>Location</u>	<u>Type of Concession</u>	<u>Start Date of Concession</u>

If you don't have contracts or work to reference, simply write N/A.



## 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/CEO (title) of the applicant firm JOHN DOE CONSTRUCTION, INC. and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

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

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

If awarded a contract, 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

Don't forget to get me  
NOTARIZED!!

## Supporting Document Checklist

- Required Documents for ALL applicants
- Partnership or Joint Venture
- Corporation or LLC
- Possible Documents to Be Provided on Request
- Suppliers



### 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

# PERSONAL NET WORTH STATEMENT

- ❑ A supplemental form required with application.
- ❑ Report an individual's personal net worth includes only his or her own share of assets held separately, jointly, or as community property with individual's spouse and excludes the following:
  - ❑ Individual's ownership interest in the applicant firm;
  - ❑ Individuals' 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.



# Personal Net Worth Statement

- Must fill out all line items on the Personal Net Worth Statement
- All assets must be reported at current fair market values as of the date of the statement.
- Assets
  - Cash and cash equivalents
  - Retirement accounts, IRA, 401Ks, 403Bs, Pensions
  - Brokerage and custodial accounts, stocks, bonds, retirement accounts
  - Assets held in trust
  - Loans to shareholders and other receivables not listed
  - Real Estate
  - Life insurance
- Liabilities
  - Mortgages on real estate
  - Loans on life insurance
  - Unpaid Taxes

U.S. Department of Transportation		Personal Net Worth Statement For DBE/ACDBE Program Eligibility		OMB APPROVAL NO: EXPIRATION DATE:	
As of					
<small>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.</small>					
Name				Business Phone	
Residence Address (As reported to the IRS) City, State and Zip Code				Residence Phone	
Business Name of Applicant Firm					
Spouse's Full Name (Marital Status: Single, Married, Divorced, Union)					
<b>ASSETS</b>		(Omit Cents)		<b>LIABILITIES</b>	
Cash and Cash Equivalents	\$		Loan on Life Insurance (Complete Section 5)	\$	
Retirement Accounts (IRAs, 401Ks, 403Bs, Pensions, etc.) (Report full value minus tax and interest penalties that would apply if assets were distributed today) (Complete Section 3)	\$		Mortgages on Real Estate Excluding Primary Residence Debt (Complete Section 4)	\$	
Brokerage, Investment Accounts	\$		Notes, Obligations on Personal Property (Complete Section 6)	\$	
Assets Held in Trust	\$		Notes & Accounts Payable to Banks and Others (Complete Section 2)	\$	
Loans to Shareholders & Other Receivables (Complete section 6)	\$		Other Liabilities (Complete Section 8)	\$	
Real Estate Excluding Primary Residence (Complete Section 4)	\$		Unpaid Taxes (Complete Section 8)	\$	
Life Insurance (Cash Surrender Value Only) (Complete Section 5)	\$				
Other Personal Property and Assets (Complete Section 6)	\$				
Business Interests Other Than the Applicant Firm (Complete Section 7 )	\$				
Total Assets	\$		Total Liabilities	\$	
			<b>NET WORTH</b>		
<b>Section 2. Notes Payable to Banks and Others</b>					
Name of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

# Personal Net Worth Statement – Page 2

- Section 3 - Include brokerage and custodial accounts, stocks, bonds, and retirement account information.
- Section 4 – Include all Real Estate Owned (Include primary residence, investment properties, and Personal property leased or rented, Farm Properties, or any other income producing property.
- Section 5 – Life Insurance including beneficiaries

Section 3. Brokerage and custodial accounts, stocks, bonds, retirement accounts. (Full Value) (Use attachments if necessary).				
Name of Security / Brokerage Account / Retirement Account	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

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).			
	Primary Residence	Property B	Property C
Type of Property			
Address			
Date Acquired and Method of Acquisition (purchase, inherit, divorce, gift, etc.)			
Names on Deed			
Purchase Price			
Present Market Value			
Source of Market Valuation			
Name of all Mortgage Holders			
Mortgage Acc. # and balance (as of date of form)			
Equity line of credit balance			
Amount of Payment Per Month/Year (Specify)			

Section 5. Life Insurance Held (Give face amount and cash surrender value of policies, name of insurance company and beneficiaries).				
Insurance Company	Face Value	Cash Surrender Amount	Beneficiaries	Loan on Policy Information



# Personal Net Worth Statement – Page 3

- Section 6 – Include personal property or assets such as automobiles, recreation vehicles, motorcycles, boats, etc.) Household Goods / Jewelry will also be included in the section.
- Section 7 – Value of Other Business Investments
- Section 8 - Other Liabilities and Unpaid Taxes.
- Section 9 – Transfer of Assets to spouse, domestic partner, relative, or entity.
- Important - Have PNW Notarized!!!

Section 6. Other Personal Property and Assets (Use attachments as necessary)				
Type of Property or Asset	Total Present Value	Amount of Liability (Balance)	Is this asset insured?	Lien or Note amount and Terms of Payment
Automobiles and Vehicles (including recreation vehicles, motorcycles, boats, etc.) Include personally owned vehicles that are leased or rented to businesses or other individuals.				
Household Goods / Jewelry				
Other (List)				
Accounts and Notes Receivables				

**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)

Signature (DBE/ACDBE Owner) \_\_\_\_\_ Date \_\_\_\_\_

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).

# SOME HELPFUL TIPS...

- Use the Supporting Documents Checklist and indicate “N/A” for items “Not Applicable.”
- Remember to complete each section of the application and submit the required documents.
- Remember to sign, date, and notarize both the application and the Personal Net Worth Statement.
- For DBE/ACDBE questions, E-mail: [DBE/ACDBE.Certification@dot.ca.gov](mailto:DBE/ACDBE.Certification@dot.ca.gov) or call 916-324-1700 Monday – Friday between 8:00am – 5:00pm and ask to speak to the “Analyst of the Day.”
- Check out our Frequently Asked Questions at:  
[http://www.dot.ca.gov/hq/bep/files/Disadvantaged\\_Business\\_Enterprise\\_DBE\\_Program\\_FAQs.pdf](http://www.dot.ca.gov/hq/bep/files/Disadvantaged_Business_Enterprise_DBE_Program_FAQs.pdf)

# WHAT HAPPENS NEXT?

- ❑ Your application is assigned to an Analyst.
- ❑ Analyst conducts preliminary review to determine missing documentation and further clarification (if needed).
- ❑ A Site Visit is scheduled and conducted.
- ❑ The analyst will conduct a final review of the record in its entirety, and make an eligibility recommendation.
- ❑ Certification determination completed.



# I'M A CERTIFIED DBE, WHAT DO I DO NOW?

- ❑ Be Proactive
- ❑ Educate yourself
- ❑ Market your firm
- ❑ Network
- ❑ Be prepared



**Hit the ground running**

# RESOURCES

For Application Assistance:  
Call the DBE Analyst of the Day  
(916) 324-1700

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# QUESTIONS





Marta Carrera  
Statewide Small Business Outreach Specialist  
Training and Outreach Branch  
(916) 324-1027  
[marta.carrera@dot.ca.gov](mailto:marta.carrera@dot.ca.gov)

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