

Attachment 5

Texas Unified Certification DBE Program (TUCP)



Texas Department of Transportation

DEWITT C. GREER STATE HIGHWAY BLDG. • 125 E. 11TH STREET • AUSTIN, TEXAS 78701-2483 • (512) 463-8585

September 3, 2008

Mr. Jack Steel
Executive Director
Houston-Galveston Area Council
P.O. Box 22777
Houston, Texas 77227-2777

Dear Mr. Steel:

The Texas Department of Transportation and the Texas Unified Certification Program (TUCP) is pleased that the Houston-Galveston Area Council will be using the Department as its Disadvantaged Business Enterprise (DBE) certifying authority for programs funded through the U.S. Department of Transportation. We welcome the opportunity to expand the number of companies seeking certification as DBEs, including those companies that are referred by your agency.

This Department's TUCP website is www.dot.state.tx.us/business/tucpinfo.htm. Firms listed in the TUCP directory are DBE certified at the time they are shown in the listing.

Please consider this letter as formal acknowledgement that the Department will serve as the DBE certifying authority for the Houston-Galveston Area Council. I have also attached several DBE application packages for your use and information. If you have any questions or need any additional information, please contact me at 512-486-5537.

Sincerely,

R.D. Brown, Interim Director
Certification and Reporting Section
Office of Civil Rights



NOTE: The TUCP includes the City of Austin, Corpus Christi Regional Transportation Authority, City of Houston, North Central Texas Regional Certification Agency, and South Central Texas Regional Certification Agency.

Enclosure

THE TEXAS PLAN
REDUCE CONGESTION • ENHANCE SAFETY • EXPAND ECONOMIC OPPORTUNITY • IMPROVE AIR QUALITY
INCREASE THE VALUE OF OUR TRANSPORTATION ASSETS

An Equal Opportunity Employer



Texas Unified Certification DBE Program



HOWDY!!!

Welcome to the Federal Disadvantaged Business Enterprise (DBE) Program from the six certifying agencies of the **Texas Unified Certification Program (TUCP)**. The TUCP follows Federal regulation 49 CFR, Part 26. The TUCP is a "**one stop**" certification process for the Texas DBE Program, established October 1, 2002.

Six agencies have agreed to perform the certification processing of DBE Program applications within the state of Texas by specific TUCP regions. The Texas Department of Transportation (TxDOT), the North Central Texas Regional Certification Agency, the South Central Texas Regional Certification Agency, the City of Houston, the City of Austin, and the Corpus Christi Regional Transportation Authority are responsible for DBE Program certification in the TUCP. (See Section 6 TUCP Certifying Agencies for specific regions, page 9).

Benefits of TUCP Certification in the DBE Program:

- > Registers your business in the State of Texas and lists it in the DBE Directory
- > Federal DBE Program Certificate issued annually for display in your business office
- > Provides the opportunity to bid statewide as a certified DBE firm on all U.S. Department of Transportation (DOT) transportation modes, including Aviation, Highways, and Public Transportation

DBE PROGRAM APPLICATION

The DBE certification instructions and application can be found on pages 1-29. Once your firm is certified as a DBE you will be included in the TUCP Directory.

The consolidated TUCP system allows you the opportunity to bid statewide, without obtaining DBE Program certification from numerous agencies throughout the state. Firms DBE certified by TUCP agencies will be included in the TUCP's DBE Directory. The directory is on the INTERNET at:

http://www.dot.state.tx.us/services/business_opportunity_programs/tucp_dbe_directory.htm

If you have any questions about TUCP DBE Program certification, please contact the serving DBE certification agency listed on page 9.



TEXAS UNIFIED CERTIFICATION PROGRAM DISADVANTAGED BUSINESS ENTERPRISES INSTRUCTIONS AND APPLICATION

1. INTRODUCTION

- A. All governmental entities in the State of Texas who receive funds from the U.S. Department of Transportation have, as part of their operating procedures, an economic program designed to increase participation of Disadvantaged Business Enterprises (DBE) in their federally assisted contracts. The authority for this program is 49 Code of Federal Regulations Part 26 (49 CFR Part 26).
- B. There are six governmental agencies (Page 9) in the State of Texas certifying DBEs capable of performing services and providing products, which can be credited toward the overall annual DBE goal for entities receiving DOT funds. Only those businesses which perform a commercially useful function can be counted toward DBE goals on federally assisted contracts.
- C. Certification must be obtained through your local certifying agency in accordance with 49 CFR Part 26 for firms wanting to perform work as a DBE on federally assisted contracts.

2. DEFINITIONS

- A. Affiliate - firms are affiliates of each other when, directly or indirectly, a firm or a third party (or parties) controls or has the power to control both; or there is evidence that a relationship exists between or among parties that produces an affiliation. In determining whether affiliation exists, consideration shall be given to such factors as: common ownership, common management, and contractual relationships.
- B. Commercially Useful Function - an element of work, under a contract, that is measurable and observable and has actually been performed under standards consistent with industry practice for which a monetary sum can be assessed.
- C. Disadvantaged Business Enterprise (DBE) - a small business concern as defined pursuant to Section 3 of the Small Business Act and implementing regulations, which is owned and controlled by one or more disadvantaged individuals. Owned and controlled means a business, which is at least 51 percent owned by one or more socially and economically disadvantaged individuals. In the case of any publicly owned business, at least 51 percent of the stock must be owned by one or more socially and economically disadvantaged individuals and whose management and daily business operations are controlled by one or more of the socially and economically disadvantaged individuals who own it.

D. Personal Net Worth - the net value of the assets of an individual remaining after total liabilities are deducted. An individual's personal net worth does not include the individual's ownership interest in an applicant or participating DBE firm or the individual's equity in his or her primary place of residence. An individual's personal net worth includes only his or her own share of assets, held jointly, or as community property with the individual's spouse. A contingent liability does not reduce an individual's net worth.

E. Socially and economically disadvantaged individuals - those individuals who are citizens or lawfully admitted permanent residents of the United States and who are as follows:

- (1) Women
- (2) Black Americans - includes persons having origins in any Black racial groups of Africa.
- (3) Hispanic Americans - includes persons of Mexican, Puerto Rican, Cuban, Dominican, Central or South American, or other Spanish or Portuguese culture or origin, regardless of race.
- (4) Native Americans - includes persons who are American Indians, Eskimos, Aleuts, or Native Hawaiians.
- (5) Asian-Pacific Americans - includes persons whose origins are from Japan, China, Taiwan, Korea, Burma (Myanmar), Vietnam, Laos, Cambodia (Kampuchea), Thailand, Malaysia, Indonesia, the Philippines, Brunei, Samoa, Guam, the U.S. Trust Territories of the Pacific Islands (Republic of Palau), the Commonwealth of the Northern Marinas Islands, Macao, Fiji, Tonga, Kiribati, Juvalu, Nauru, Federated States of Micronesia, or Hong Kong.
- (6) Subcontinent Asian Americans - includes persons whose origins are from India, Pakistan, Bangladesh, Bhutan, the Maldives Islands, Nepal, or Sri Lanka.

NOTE: Individuals listed above in 2 through 6 as a member of a particular minority group must be recognized by their respective minority community.

- (7) Any additional groups whose members are designated as socially and economically disadvantaged by the Small Business Administration.
- (8) Other individuals as determined by the certifying entity to be economically and socially disadvantaged.

3. ELIGIBILITY STANDARDS

To determine a firm's eligibility to participate in the DBE program, the firm's business size, social and economic disadvantage, ownership and control (including independence) will be evaluated. The standards set forth in 49 CFR Part 26 will be used by the certifying entity. The following is a summary of the eligibility standards set forth in 49 CFR Part 26.

- (1) Disadvantaged status shall be determined on the basis of the individual's claim that he or she is a member of one of the groups mentioned in Section 2. e. (1)-(8) and is so regarded by that particular community. However, the certifying entity is not required to accept this claim if it determines the claim to be invalid.
- (2) Only independent businesses may be certified as a DBE. An independent business is one whose viability does not depend on its relationship with another firm or firms. The ownership and control by disadvantaged individuals shall be real, substantial, and continuing. It shall go beyond the pro forma ownership of the firm as reflected in its ownership documents. The disadvantaged individuals shall enjoy the customary incidents of ownership and shall share in the risks and profits commensurate with their ownership interests, as demonstrated by an examination of the substance rather than form of arrangements. Recognition of the business as a separate entity for tax or corporate purposes is not necessarily sufficient for recognition as a DBE. In determining whether a potential DBE is an independent business, the following will be considered:
 - (a) Relationships with non-DBE firms in such areas as personnel, facilities, equipment, financial and/or bonding support, and other resources.
 - (b) Present or recent employer/employee relationships between the disadvantaged owner and non-DBE firms or persons associated with non-DBE firms.
 - (c) Relationships with prime contractors.
 - (d) The consistency of relationships between the potential DBE and non-DBE firms with normal industry practices.
- (3) The disadvantaged individuals shall also possess the power to direct or cause the direction of the management and policies of the firm and to make the day-to-day as well as major decisions on matters of management, policy and operations. The firm shall not be subject to any formal or informal restrictions, which limit the customary discretion of the disadvantaged individual. There shall be no restrictions in by-law provisions, partnership agreements, or charter requirements for cumulative voting rights or

otherwise that prevent the disadvantaged individual, without the cooperation or vote of any non-disadvantaged individual, from making a business decision of the firm.

- (4) Individuals who are not socially and economically disadvantaged but are involved in a DBE firm as owners, managers, employees, stockholders, officers, and/or directors must not possess or exercise the power to control the firm, or be disproportionately responsible for the operations of the firm. The disadvantaged owners may delegate areas of management, policy making, or daily operations of the firm, but such delegations must be revocable and the disadvantaged owners must retain the power to hire and fire persons to whom authority has been delegated.
- (5) The disadvantaged owners must have an overall understanding of the firm's operations; along with experience, managerial, and technical competence. The disadvantaged owners must have the ability to intelligently and critically evaluate information presented by other participants in the firm's activities and to use this information to make independent decisions concerning the firm's daily operations, management, and policy-making. Generally, expertise limited to office management, administration, or bookkeeping functions unrelated to the principal business activities of the firm is insufficient to demonstrate control.
- (6) All securities, which constitute ownership and/or control of a corporation for purposes of establishing it as a DBE, shall be held directly by disadvantaged individuals. No securities held in trust or by any guardian for a minor shall be considered as held by disadvantaged individuals in determining the ownership or control of a corporation, except when (1) the beneficial owner of securities or assets held in trust is a disadvantaged individual, and the trustee is the same or another such individual, or (2) the beneficial owner of a trust is a disadvantaged individual who rather than the trustee exercises effective control over the management, policymaking, and daily operations of the firm. Assets held in a revocable living trust may be counted only in the situation where the same disadvantaged individual is the sole grantor, beneficiary, and trustee.
- (7) The contributions of capital or expertise by the disadvantaged individual to acquire interest in the firm shall be real and substantial. Examples of insufficient contributions include a promise to contribute capital, an unsecured note payable to the firm or its owners who are not socially and economically disadvantaged, or the mere participation as an employee rather than as a manager. If marital assets are used to acquire ownership the applicant's spouse must irrevocably renounce and transfer all rights in the ownership interest.
- (8) To be determined economically disadvantaged, the personal net worth of the individuals whose ownership and control are relied upon for DBE certification cannot exceed \$750,000.00.

4. DENIAL OF INITIAL CERTIFICATION

When a business is denied initial certification it will receive a letter of explanation from the certifying entity of why it was denied certification. The firm may appeal to the certifying entity, in writing, for a review of their file or directly to the U.S. Department of Transportation (DOT). To appeal a decision to DOT, the business owner(s) must submit a letter giving the reason(s) he or she believes that the business should be certified. Send the letter directly to the following:

**U. S. Department of Transportation
Departmental Office of Civil Rights
External Policy and Program Development Division (S-33)
400 7th Street, SW, Room 5414
Washington, DC 20590**

NOTE: The appeal to DOT must be filed no later than 90 days from the postmark date of the certification denial.

A business that is denied certification by a certifying entity may not reapply for at least 12 months from the date of the final decision. A copy of the decertification notice will be forwarded to the TUCP database repository. A business that appeals to the U.S. Department of Transportation cannot reapply to the certifying entity until a final decision has been rendered on the appeal or 12 months, whichever is longer:

5. THIRD PARTY COMPLAINTS

Third party complaints: If any person has reason to believe that a business has been wrongly granted certification as a DBE, they may advise the certifying entity. A thorough investigation will be initiated upon receipt of a signed complaint. A complaint may also be submitted directly to the U.S. DOT.

If you are a Woman, Black American, Hispanic American, Native American, Asian Pacific American, or Subcontinent Asian American, you are presumed to be socially and economically disadvantaged. Other persons knowing of your actual social and economic condition, living standards, success in business, and other factors have the right to challenge your recognition and certification as a DBE. If your status is challenged, you will be given every opportunity to offer a defense. The challenge will be fully investigated, heard, and a final determination made.

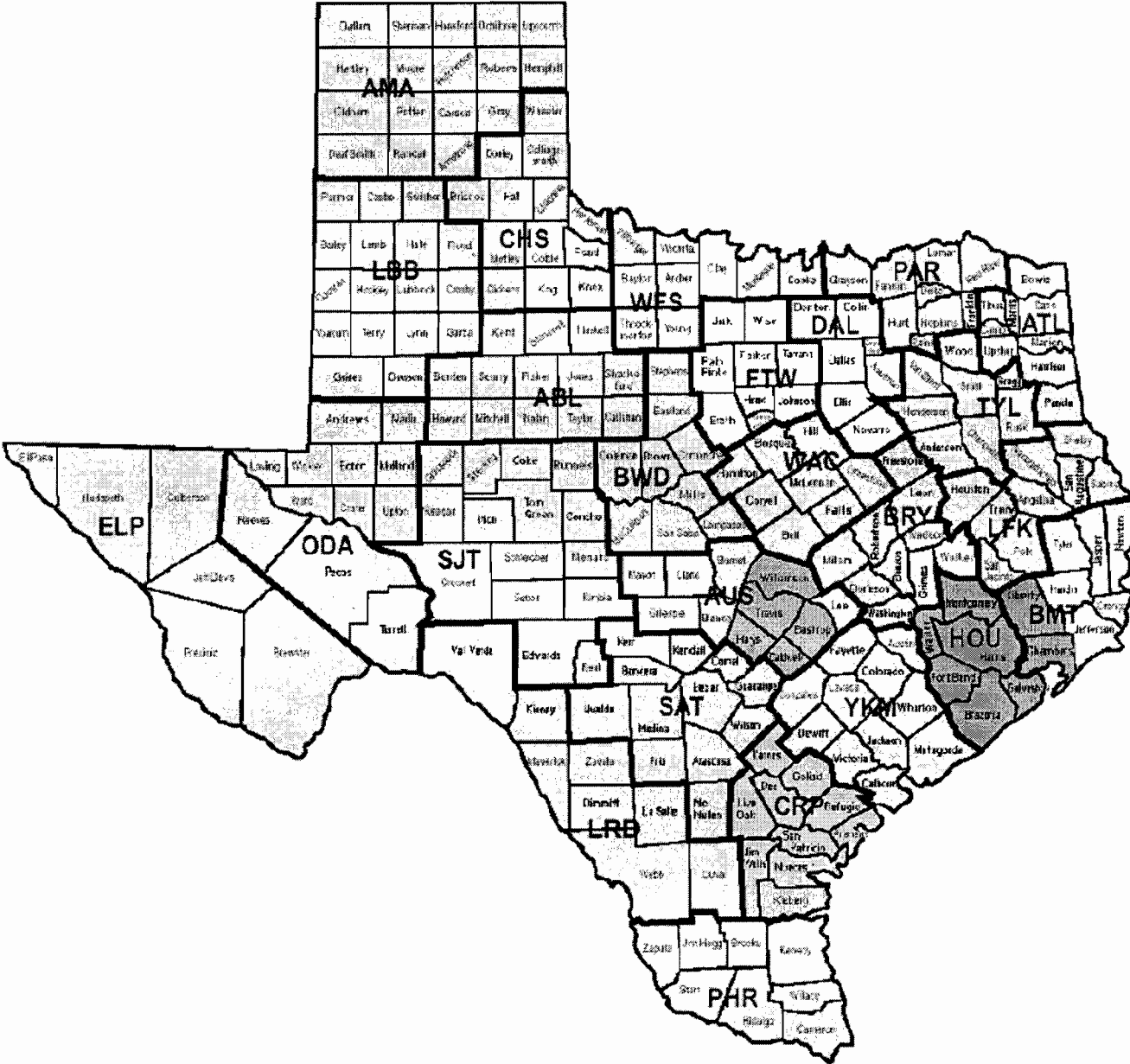
6. INSTRUCTIONS

- A. All businesses and trucking firms seeking to be certified as a DBE must complete the entire affidavit. All questions must be answered and all information requested must be submitted. The applications must be legible, complete, signed, dated, and notarized to be accepted for review. Failure to provide the requested documents with the application will delay processing of your application.
- B. The certifying entity will evaluate the information contained in the application, along with the facts learned during the on-site review to determine if the business meets the eligibility standards to be certified as a DBE.
- C. Applicant will be notified of the certifying entity decision by letter. If the firm is certified as a DBE, the business will be added to the TUCP directory. The directory will show the name of the business, address, telephone number, and categories of work. A business may ask for expanded work capabilities as it acquires experience in new areas.

Remember - the application must be complete, every question answered, and the application must be either typed or printed clearly in ink. All affidavits must be notarized and all requested documents submitted; otherwise, the application will be delayed in its processing. Use additional sheets as necessary and reference the specific item(s) you are addressing.

A business must be functional and operating before applying for certification. It must possess the resources to perform the work in which it is requesting to be certified. By submitting this application and the accompanying information, the firm is authenticating the veracity and accuracy of the statements made in the application.

Texas Unified Certification Program – Certifying Entities Region Map



	City of Austin
	City of Houston
	Corpus Christi Regional Transportation Authority (CCRTA)
	North Central Texas Regional Certification Agency (NCTRCA)
	South Central Texas Regional Certification Agency (SCTRCA)
	Texas Department of Transportation (TxDOT)

7. TUCP CERTIFYING AGENCIES

Completed applications should be returned to the certifying agency that will service the Texas county in which their home or corporate headquarters is located. Select the appropriate address below:

City of Austin, Department of Small and
 Minority Business Resources
 4201 Ed Bluestein
 P.O. Box 1088
 Austin, TX 78767-2516
 Tel: (512) 974-7603
 Fax: (512)974-7601
 Email: mail@ci.austin.tx.us

Bastrop
 Caldwell
 Hays
 Travis
 Williamson

City of Houston Affirmative Action
 611 Walker, 7th Floor
 Houston, Texas 77002
 Tel: (713) 837-9015
 Fax: (713)837-9055
 Email: mail@citvofhouston.net

Brazoria
 Chambers
 Fort Bend
 Galveston

Harris
 Liberty
 Montgomery
 Waller

Corpus Christi Regional Transportation
 Authority (CCRTA)
 5658 Bear Lane
 Corpus Christi, TX 78405
 Tel: (361) 289-2712 or (361) 289-2600 ext. 0
 Fax: (361)289-0605
 Email: mail@ccrta.org

Aransas
 Bee
 Goliad
 Jim Wells
 Karnes

Kleberg
 Live Oak
 Nueces
 Refugio
 San Patricio

North Central Texas Regional Certification
 Agency (NCTRCA)
 624 Six Flags Drive, Suite 216
 Arlington, TX 76011
 Tel: (817)640-0606
 Fax: (817)640-6315
 Email: mail@nctrca.org

Collin
 Dallas
 Denton
 Ellis
 Erath

Hood
 Jack
 Johnson
 Kaufman
 Navarro
 Palo Pinto

Parker
 Rockwall
 Somervell
 Tarrant
 Wise

South Central Texas Regional Certification
 Agency (SCTRCA)
 305 East Euclid, Ste. 102
 San Antonio, TX 78212
 Tel: (210) 227-4722
 Fax: (210)227-5712
 Email: info@sctrca.org

Atascosa
 Bandera
 Bexar
 Comal
 Frio
 Guadalupe

Kendall
 Kerr
 McMullen
 Medina
 Uvalde
 Wilson

Texas Department of Transportation (TxDOT)
 Business Opportunity Programs Office (BOP)
 125 E. 11th Street
 Austin, TX 78701-2483
 Tel: (866)480-2518
 Fax: (512)486-5539
 Email: tucpdata@dot.state.tx.us

ALL other remaining counties

Privacy Statement

The Texas Department of Transportation maintains the information collected through this form. With few exceptions, you are entitled on request to be informed about the information that we collect about you. Under §§552.021 and 552.023 of the Texas Government Code, you also are entitled to receive and review the information. Under §559.004 of the Government Code, you are also entitled to have us correct information about you that is incorrect.

**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 or charter.
- (3) State the primary phone number of your firm.
- (4) State a secondary phone number, if any.
- (5) State your firm's fax number, if any.
- (6) State your firm's or your contact person's email address.
- (7) State 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) State 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) State the date on which your firm was officially established, as stated in your firm's Articles of Incorporation or charter.
- (4) State 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 or charter. 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 function or title 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 function or title 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 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) State the main phone number of your firm's bank branch.
- (c) State 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) State your agent's/broker's phone number.
- (d) State 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 name of the person securing the loan, 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 license or permit, 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

1. 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 \$20.41 million in gross annual receipts?
- Is your firm organized as a for-profit business?

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

2. 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.

3. 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.

4. Where can I find more information?

- U.S. DOT – <http://osdbuweb.dot.gov/business/dbe/index.html> (this site provides useful links to the rules and regulations governing the DBE program, questions and answers, and other pertinent information)
- SBA – <http://www.ntis.gov/naics> (provides a listing of NAICS codes) and <http://www.sba.gov/size/indextableofsize.html> (provides a listing of NAICS 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, Governmentwide Debarment and Suspension (nonprocurement) and Governmentwide Requirements for Drug-free Workplace (grants), take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

Is your firm currently certified for any of the following programs? <i>(If Yes, check appropriate box(es))</i>	<input type="checkbox"/> DBE	Name of certifying agency: fshadfk asdjlf
		Has your firm's state UCP conducted an on-site visit?
		<input type="checkbox"/> Yes, on State: <input type="checkbox"/> No
	<input type="checkbox"/> 8(a)	⊗STOP! 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? <input type="checkbox"/> Yes, on <input type="checkbox"/> No If Yes, identify State and name of state, local, or Federal agency and explain the nature of the action:

Section 2: GENERAL INFORMATION

A. Contact Information

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

B. Business Profile

(1) Describe the primary activities of your firm:	(2) Federal Tax ID (if any):
(3) This firm was established on	(4) I/We have owned this firm since:
(5) Method of acquisition (check all that apply): <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	⊗STOP! If your firm is NOT for-profit, then you do NOT qualify for this program and do NOT need to fill out this application.

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 <i>{street and number}</i> :		City:	State:	Zip:
(5) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	(6) Ethnic group membership <i>(Check all that apply)</i> :			
(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	<input type="checkbox"/> Asian Pacific
(8) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Other <i>{specify}</i>			

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	\$
		Other	\$
(5) Shares of Stock:	Number:	Percentage:	Class:
			Date Acquired:
			Method Acquired:
(6) Does this owner perform a management or supervisory function for any other business? <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 <i>(e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, identify: Name of Business:		Function/Title:	
Nature of Business Relationship:			

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

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

Section 4: CONTROL

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

(1) Officers of the Company					
	Name	Title	Date Appointed	Ethnicity	Gender
	(a)				
	(b)				
	(c)				
	(d)				
	(e)				

(2) Board of Directors					
	Name	Title	Date Appointed	Ethnicity	Gender
	(a)				
	(b)				
	(c)				
	(d)				
	(e)				

(3) Do any of the persons listed in (1) and/or (2) above perform a management or supervisory function for any other business?
 Yes No
If Yes, identify for each: Person: _____ Title: _____
Business: _____ Function: _____

(4) Do any of the persons listed (1) and/or (2) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? Yes No
If Yes, identify for each: Firm Name: _____ Person: _____
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?
 Yes No
 If Yes, identify for each: Person: _____ Title: _____
 Business: _____ Function: _____

(12) Do any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)?
 Yes No
 If Yes, identify 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:

E. Financial Information

(1) Banking Information:

(a) Name of bank: _____ (b) Phone No: () _____
 (c) Address of bank: _____ City: _____ State: _____ Zip: _____

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 (full name printed), swear or affirm under penalty of law that I am (title) of applicant firm (firm name) 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 place(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)

Signature _____
(DBE Applicant)

NOTARY CERTIFICATE

PERSONAL NET WORTH STATEMENT

Complete a form for: (1) each socially disadvantaged proprietor, or (2) each socially disadvantaged limited and general partner whose combined interest total 51% or more, or (3) each socially disadvantaged stockholder owning 51% or more of voting stock. An individual's personal net worth includes only his or her share of the assets held jointly or as community property with the individual's spouse.

Name:	Date:
Residence Address:	Residence Phone: ()
City, State & Zip Code:	
Business Name:	Business Phone: ()

PERSONAL FINANCIAL STATEMENT

As of . In determining net worth, EXCLUDE individual ownership interest in the applicant business and personal residence. If married use only 1/2 of marital assets. Round all numbers to the nearest dollar.

ASSETS	LIABILITIES
Cash on hand and in bank \$	Accounts Payable \$
Savings Accounts \$	Notes Payable to Banks and Others \$ (Describe in Section 1)
IRA or Other Retirement Account \$	Installment Account (Auto) \$
Accounts and Notes Receivable \$	Installment Account (Other) \$
Life Insurance - Cash Surrender Value Only \$ (Complete Section 7)	Loan on Life Insurance \$
Stocks and Bonds \$ (Describe in Section 2)	Mortgages on Real Estate \$ [Except for personal residence] (Describe in Section 3)
Real Estate [Except for personal residence] \$ (Describe in Section 3)	Unpaid Taxes \$ (Describe in Section 5)
Automobile(s) – Present Value \$	Other Liabilities \$ (Describe in Section 6)
Other Personal Property \$ (Describe in Section 4)	Total Liabilities \$ 0.00
Other Assets \$ (Describe in Section 4)	
Total Assets \$ 0.00	Net Worth \$ 0.00 (Total Assets minus Total Liabilities)
Other Source of Income:	Other Contingent Liabilities:
Salary/Commissions \$	As Endorser or Co-worker \$
Net Investment Income \$	Legal Claims and/or Judgments \$

Section 1. 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 Note Holders	Original Balance	Current Balance	Payment Amount	Frequency (weekly, monthly, etc.)	How Secured or Endorsed; Type of Collateral

Section 2. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)
NOTE: Must be within five (5) days of statement date.

Number of Shares	Name of Securities	Cost	Market Value Quotation or Exchange	Date of Quotation or Exchange	Total Value

Section 3. Real Estate Owned. (Do not include your personal residence. List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name and Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 4. 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.)

Section 5. 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 6. Other Liabilities (Describe in detail).

Section 7. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries.)

Section 8. Transfer of Assets.

Have you, the individual claiming disadvantaged status, transferred any assets within two (2) years, in full or in part, to a spouse or any other person or entity, including a trust? YES NO

If yes, provide the following information as an attachment: the date of transfer, to whom the assets were transferred, amount paid for the assets, the market value of the assets at the time of transfer.

NOTE: Individuals may exclude assets transferred to an immediate family member that are consistent with the customary recognition of special occasions and may also exclude any transfers to an immediate family member for educational, medical, or essential support purposes.

Please provide copies of complete personal income tax returns, including all schedules, W-2s, and 1099 forms. 49 CFR Part 26 and federal law classify all information submitted with this form as confidential. This form or its information cannot be released to any person, governmental or commercial entity without the written permission of the person submitting the information.

PERSONAL NET WORTH AFFIDAVIT

The undersigned swear/affirm that the foregoing information and statements are true and correct, including all material and information necessary to identify and explain the financial net worth of

(Name of Individual)

Further, the undersigned agrees to permit the TUCP and/or U.S. Department of Transportation (DOT) as part of this certification process to interview owners, principals, officers, and employees; and to audit or examine books, records, and files of the above named individual.

If at any time the TUCP or DOT has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, your file may be referred to the General Counsel of DOT. The General Counsel may initiate debarment procedures in accordance with 41 CFR 1-1.604 and 12-1.062 and/or refer the matter to the Department of Justice under U.S.C. 1001, as the General Counsel deems appropriate.

NOTE: Under Title 18 U.S.C. Section 1001 and Title 15 U.S.C. Section 645, any person who misrepresents a firm's status as a small disadvantaged business concern; or makes false statements in order to influence the certification process in any way; or to obtain a government contract, shall be subject to fines of up to \$500,000 and imprisonment of up to 10 years, or both.

The burden of proving the financial net worth is the individual's. The Agency reserves the right to request any additional information deemed necessary to determine if an individual is economically disadvantaged. Failure to provide requested information within the time specified is grounds for termination of the process.

Name

Signature

Title

Date

Date _____ State of _____ County of _____

On this day before me appeared (name) _____ with proper identification, who being duly sworn, did execute the foregoing affidavit and did aver that he or she was properly authorized to execute this affidavit and did so as his or her free act/deed.

(Seal)

Notary Public

Commission Expiration

AFFIDAVIT OF MANAGERIAL TECHNICAL COMPETENCE
(Put all resume information on this form.)

Name: _____

Special qualification in the work areas requested in DBE Application: _____

Professional licenses held _____

Union/professional association membership: _____

Education/Technical training: _____

School	Dates	# of hrs.	Degree	Field
_____	_____	_____	_____	_____

Position with applicant firm:

Title: _____ Salary: _____

Dates employed: From: _____ To: _____ Hours per week: _____

Duties and responsibilities: _____

Previous employment: (list most recent employment first, may continue on back of page)

Firm: _____

Type of business: _____ Location: _____

Dates employed: From: _____ To: _____ Hours per week: _____

Title: _____ Salary: _____

Number of persons supervised: _____ Type of employees: _____

Duties and responsibilities: _____

Knowledge, skills and abilities:

Hiring: _____

Contracting: _____

Purchasing: _____

Technical competence related to firm's operations: _____

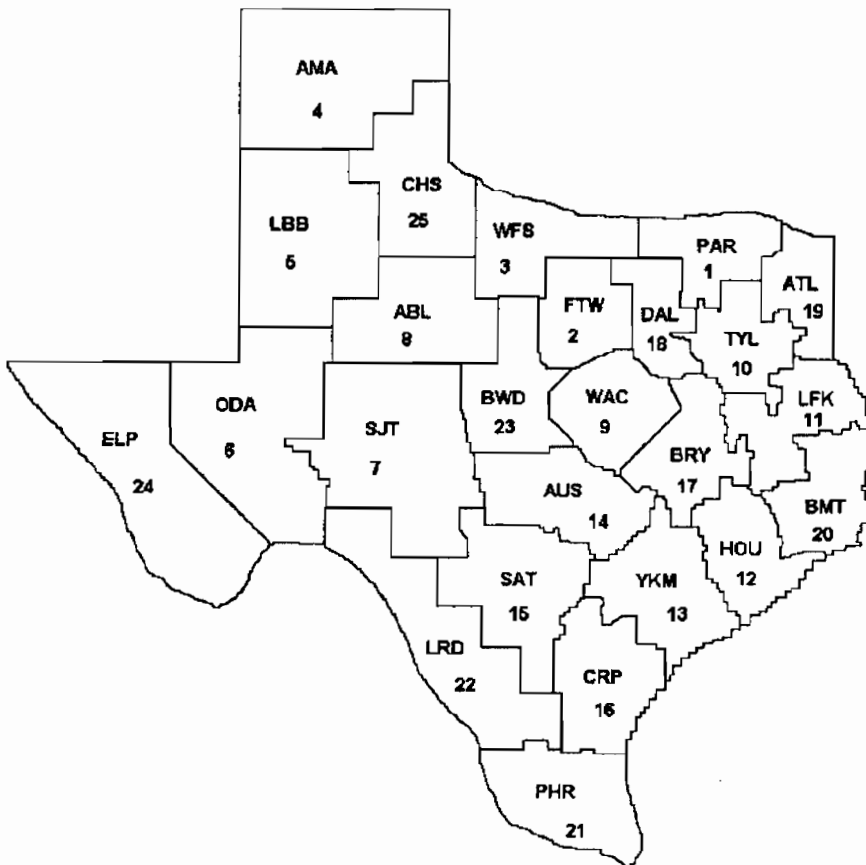
Please identify the areas (Districts) of Texas in which your firm is ready, willing and able (based on employees and equipment) to work on TxDOT contracts. For some contracts requiring large staff and/or equipment, such as highway construction projects, keep in mind that you must either transport your equipment from your home office to the project site (or arrange for lease/rental of equipment and delivery to the project site) and secure lodging facilities for your employees.

For example: If your office is in Beaumont, TX and you indicate that you can work in all 25 Districts, then be prepared to perform highway project work with your equipment and employees in Amarillo, El Paso, Laredo, Texarkana and all other TxDOT districts.

I am willing to work on TxDOT projects in the following Districts (identify by number):

; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
 ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;

TxDOT Districts



- ABL Abilene
- AMA Amarillo
- ATL Atlanta
- AUS Austin
- BMT Beaumont
- BWD Brownwood
- BRY Bryan
- CHS Childress
- CRP Corpus Christi
- DAL Dallas
- ELP El Paso
- FTW Fort Worth
- HOU Houston
- LRD Laredo
- LBB Lubbock
- LFK Lufkin
- ODA Odessa
- PAR Paris
- PHR Pharr
- SJT San Angelo
- SAT San Antonio
- TYL Tyler
- WAC Waco
- WFS Wichita Falls
- YKM Yoakum

NATURE OF BUSINESS

Check the type of work that makes up 75 percent or more of the dollar volume of work done by your business. Should your firm's type not be listed below, indicate service provided and percent of dollar value.

- Asphalt** - includes seal coats and surface treatments, limestone rock asphalt, cold-mix asphaltic concrete pavement, hot mix asphaltic concrete pavement, etc.
- Concrete Paving and Incidentals** - includes jointed concrete pavement and continuously reinforced concrete pavement
- Earthwork, Base and Subbase** - includes preparing ROW, clearing, removing old concrete, roadway and channel excavation, embankments, subbase courses, base courses, etc.
- Fencing** - includes wire, chain link and metal beam guard fence, metal bridge railing, etc.
- Hauling** - includes hauling of base material, gravel, sand, hot mix, etc.
- Illumination** - includes placement of conduit and wire, poles, roadway and bridge lights, etc.
- Landscaping** - includes roadside planting, erosion control, sodding, seeding, etc.
- Major Structures** - includes structural excavation, drill shafts, piling, concrete for columns, bents, abutments, slabs, structural steel, rebar, etc.
- Material Suppliers** - suppliers of construction materials kept in inventory for public sale (60% credit). Manufacturers and suppliers (100% credit).
- Minor Structures and Miscellaneous Concrete** - includes CGM and RC pipe, inlets, manholes, sewers, box culverts, sidewalks, driveways, riprap, curb and gutter, concrete bridge railing, concrete median barrier, etc.
- Painting** - includes painting of structural steel and concrete structures
- Professional Services** - includes consulting engineers, architects, and surveyors
- Rest Areas** - includes steel, masonry or wood fabrication and erection, electrical wiring, plumbing, etc.
- Traffic Control Devices** - includes traffic signals, signs, barricades, pavement markers, buttons, edge lines, striping, etc.
- Underground and Utility Work** - includes PVC pipe, underground conduit, utility telephone lines, etc.
- Miscellaneous.** Please specify. _____
- Banks owned and controlled by disadvantaged individuals.**
- Aviation.** Please specify. _____
- Public Transportation.** Please specify. _____

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 (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

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.

Texas Unified Certification Program (TUCP) Participating Entities
DBE certifications through the TUCP are valid at the following entities:

Airports:

Abilene Regional Airport
Austin-Bergstrom International Airport
Corpus Christi International Airport
Dallas-Fort Worth International Airport
Easterwood Field (Texas A & M)
Gregg County Airport – Longview
Houston Airport System
Killeen Municipal Airport
McAllen Miller International Airport

Midland International Airport
San Angelo Regional Airport/Mathis Field
San Antonio International Airport
Southeast Texas Regional Airport
Tyler Pounds Regional Airport
Valley International Airport (Harlingen)
Victoria Regional Airport
Waco Regional Airport
Wichita Falls Municipal Airport

Cities:

City of Amarillo
City of Arlington
City of Austin
City of Brownsville
City of Corpus Christi
City of Dallas
City of Denton
City of DeSoto

City of El Paso
City of Ft. Worth
City of Garland
City of Grand Prairie
City of Houston
City of Lewisville
City of Longview
City of McAllen

City of Mesquite
City of Plano
City of Round Rock
City of San Antonio
City of Texarkana
City of Wichita Falls

Transit:

Beaumont Municipal Transit
Brownsville Urban System
Capital Metropolitan Transportation Authority - Austin
Central Texas Council of Governments (CTCOG)-Transit - Belton
City of Galveston-Island Transit
Corpus Christi Regional Transportation Authority (CCRTA)
Dallas Area Rapid Transit (DART)
Fort Worth Transportation Authority
Golden Crescent RPC-Transit - Victoria
Hill Country Transit District - San Saba
Lower Rio Grande Valley Development Council-Transit - McAllen
Lubbock Citybus System
Metropolitan Transit Authority of Houston
Texoma Council of Governments-Transit - Sherman
The Mass Transit Department of the City of El Paso (Sun Metro)
VIA Metropolitan Transit Authority - San Antonio
Waco Transit System

Other:

North Central Texas Regional Cert. Agency (NCTRCA) - Arlington
South Central Texas Regional Cert. Agency (SCTRCA) - San Antonio
Austin Water & Wastewater Utility
Bexar County
City Public Service - San Antonio
Dallas Community College District
Dallas County
Dallas Metrocare Services

Dallas Public Schools
Edwards Aquifer Authority
Fort Worth Housing Authority
Fort Worth Public Schools
MHMR of Tarrant County
San Antonio Housing Authority
San Antonio Water System



Texas Unified Certification DBE Program



HOWDY!!!

Welcome to the Federal Disadvantaged Business Enterprise (DBE) Program from the six certifying agencies of the **Texas Unified Certification Program (TUCP)**. The TUCP follows Federal regulation 49 CFR, Part 26. The TUCP is a "**one stop**" certification process for the Texas DBE Program, established October 1, 2002.

Six agencies have agreed to perform the certification processing of DBE Program applications within the state of Texas by specific TUCP regions. The Texas Department of Transportation (TxDOT), the North Central Texas Regional Certification Agency, the South Central Texas Regional Certification Agency, the City of Houston, the City of Austin, and the Corpus Christi Regional Transportation Authority are responsible for DBE Program certification in the TUCP. (See Section 6 TUCP Certifying Agencies for specific regions, page 9).

Benefits of TUCP Certification in the DBE Program:

- > Registers your business in the State of Texas and lists it in the DBE Directory
- > Federal DBE Program Certificate issued annually for display in your business office
- > Provides the opportunity to bid statewide as a certified DBE firm on all U.S. Department of Transportation (DOT) transportation modes, including Aviation, Highways, and Public Transportation

DBE PROGRAM APPLICATION

The DBE certification instructions and application can be found on pages 1-29. Once your firm is certified as a DBE you will be included in the TUCP Directory.

The consolidated TUCP system allows you the opportunity to bid statewide, without obtaining DBE Program certification from numerous agencies throughout the state. Firms DBE certified by TUCP agencies will be included in the TUCP's DBE Directory. The directory is on the INTERNET at:

http://www.dot.state.tx.us/services/business_opportunity_programs/tucp_dbe_directory.htm

If you have any questions about TUCP DBE Program certification, please contact the serving DBE certification agency listed on page 9.



TEXAS UNIFIED CERTIFICATION PROGRAM DISADVANTAGED BUSINESS ENTERPRISES INSTRUCTIONS AND APPLICATION

1. INTRODUCTION

- A. All governmental entities in the State of Texas who receive funds from the U.S. Department of Transportation have, as part of their operating procedures, an economic program designed to increase participation of Disadvantaged Business Enterprises (DBE) in their federally assisted contracts. The authority for this program is 49 Code of Federal Regulations Part 26 (49 CFR Part 26).
- B. There are six governmental agencies (Page 9) in the State of Texas certifying DBEs capable of performing services and providing products, which can be credited toward the overall annual DBE goal for entities receiving DOT funds. Only those businesses which perform a commercially useful function can be counted toward DBE goals on federally assisted contracts.
- C. Certification must be obtained through your local certifying agency in accordance with 49 CFR Part 26 for firms wanting to perform work as a DBE on federally assisted contracts.

2. DEFINITIONS

- A. Affiliate - firms are affiliates of each other when, directly or indirectly, a firm or a third party (or parties) controls or has the power to control both; or there is evidence that a relationship exists between or among parties that produces an affiliation. In determining whether affiliation exists, consideration shall be given to such factors as: common ownership, common management, and contractual relationships.
- B. Commercially Useful Function - an element of work, under a contract, that is measurable and observable and has actually been performed under standards consistent with industry practice for which a monetary sum can be assessed.
- C. Disadvantaged Business Enterprise (DBE) - a small business concern as defined pursuant to Section 3 of the Small Business Act and implementing regulations, which is owned and controlled by one or more disadvantaged individuals. Owned and controlled means a business, which is at least 51 percent owned by one or more socially and economically disadvantaged individuals. In the case of any publicly owned business, at least 51 percent of the stock must be owned by one or more socially and economically disadvantaged individuals and whose management and daily business operations are controlled by one or more of the socially and economically disadvantaged individuals who own it.

- D. Personal Net Worth - the net value of the assets of an individual remaining after total liabilities are deducted. An individual's personal net worth does not include the individual's ownership interest in an applicant or participating DBE firm or the individual's equity in his or her primary place of residence. An individual's personal net worth includes only his or her own share of assets, held jointly, or as community property with the individual's spouse. A contingent liability does not reduce an individual's net worth.
- E. Socially and economically disadvantaged individuals - those individuals who are citizens or lawfully admitted permanent residents of the United States and who are as follows:
- (1) Women
 - (2) Black Americans - includes persons having origins in any Black racial groups of Africa.
 - (3) Hispanic Americans - includes persons of Mexican, Puerto Rican, Cuban, Dominican, Central or South American, or other Spanish or Portuguese culture or origin, regardless of race.
 - (4) Native Americans - includes persons who are American Indians, Eskimos, Aleuts, or Native Hawaiians.
 - (5) Asian-Pacific Americans - includes persons whose origins are from Japan, China, Taiwan, Korea, Burma (Myanmar), Vietnam, Laos, Cambodia (Kampuchea), Thailand, Malaysia, Indonesia, the Philippines, Brunei, Samoa, Guam, the U.S. Trust Territories of the Pacific Islands (Republic of Palau), the Commonwealth of the Northern Marinas Islands, Macao, Fiji, Tonga, Kiribati, Juvalu, Nauru, Federated States of Micronesia, or Hong Kong.
 - (6) Subcontinent Asian Americans - includes persons whose origins are from India, Pakistan, Bangladesh, Bhutan, the Maldives Islands, Nepal, or Sri Lanka.
- NOTE:** Individuals listed above in 2 through 6 as a member of a particular minority group must be recognized by their respective minority community.
- (7) Any additional groups whose members are designated as socially and economically disadvantaged by the Small Business Administration.
 - (8) Other individuals as determined by the certifying entity to be economically and socially disadvantaged.

3. ELIGIBILITY STANDARDS

To determine a firm's eligibility to participate in the DBE program, the firm's business size, social and economic disadvantage, ownership and control (including independence) will be evaluated. The standards set forth in 49 CFR Part 26 will be used by the certifying entity. The following is a summary of the eligibility standards set forth in 49 CFR Part 26.

- (1) Disadvantaged status shall be determined on the basis of the individual's claim that he or she is a member of one of the groups mentioned in Section 2. e. (1)-(8) and is so regarded by that particular community. However, the certifying entity is not required to accept this claim if it determines the claim to be invalid.
- (2) Only independent businesses may be certified as a DBE. An independent business is one whose viability does not depend on its relationship with another firm or firms. The ownership and control by disadvantaged individuals shall be real, substantial, and continuing. It shall go beyond the pro forma ownership of the firm as reflected in its ownership documents. The disadvantaged individuals shall enjoy the customary incidents of ownership and shall share in the risks and profits commensurate with their ownership interests, as demonstrated by an examination of the substance rather than form of arrangements. Recognition of the business as a separate entity for tax or corporate purposes is not necessarily sufficient for recognition as a DBE. In determining whether a potential DBE is an independent business, the following will be considered:
 - (a) Relationships with non-DBE firms in such areas as personnel, facilities, equipment, financial and/or bonding support, and other resources.
 - (b) Present or recent employer/employee relationships between the disadvantaged owner and non-DBE firms or persons associated with non-DBE firms.
 - (c) Relationships with prime contractors.
 - (d) The consistency of relationships between the potential DBE and non-DBE firms with normal industry practices.
- (3) The disadvantaged individuals shall also possess the power to direct or cause the direction of the management and policies of the firm and to make the day-to-day as well as major decisions on matters of management, policy and operations. The firm shall not be subject to any formal or informal restrictions, which limit the customary discretion of the disadvantaged individual. There shall be no restrictions in by-law provisions, partnership agreements, or charter requirements for cumulative voting rights or

otherwise that prevent the disadvantaged individual, without the cooperation or vote of any non-disadvantaged individual, from making a business decision of the firm.

- (4) Individuals who are not socially and economically disadvantaged but are involved in a DBE firm as owners, managers, employees, stockholders, officers, and/or directors must not possess or exercise the power to control the firm, or be disproportionately responsible for the operations of the firm. The disadvantaged owners may delegate areas of management, policy making, or daily operations of the firm, but such delegations must be revocable and the disadvantaged owners must retain the power to hire and fire persons to whom authority has been delegated.
- (5) The disadvantaged owners must have an overall understanding of the firm's operations; along with experience, managerial, and technical competence. The disadvantaged owners must have the ability to intelligently and critically evaluate information presented by other participants in the firm's activities and to use this information to make independent decisions concerning the firm's daily operations, management, and policy-making. Generally, expertise limited to office management, administration, or bookkeeping functions unrelated to the principal business activities of the firm is insufficient to demonstrate control.
- (6) All securities, which constitute ownership and/or control of a corporation for purposes of establishing it as a DBE, shall be held directly by disadvantaged individuals. No securities held in trust or by any guardian for a minor shall be considered as held by disadvantaged individuals in determining the ownership or control of a corporation, except when (1) the beneficial owner of securities or assets held in trust is a disadvantaged individual, and the trustee is the same or another such individual, or (2) the beneficial owner of a trust is a disadvantaged individual who rather than the trustee exercises effective control over the management, policymaking, and daily operations of the firm. Assets held in a revocable living trust may be counted only in the situation where the same disadvantaged individual is the sole grantor, beneficiary, and trustee.
- (7) The contributions of capital or expertise by the disadvantaged individual to acquire interest in the firm shall be real and substantial. Examples of insufficient contributions include a promise to contribute capital, an unsecured note payable to the firm or its owners who are not socially and economically disadvantaged, or the mere participation as an employee rather than as a manager. If marital assets are used to acquire ownership the applicant's spouse must irrevocably renounce and transfer all rights in the ownership interest.
- (8) To be determined economically disadvantaged, the personal net worth of the individuals whose ownership and control are relied upon for DBE certification cannot exceed \$750,000.00.

4. DENIAL OF INITIAL CERTIFICATION

When a business is denied initial certification it will receive a letter of explanation from the certifying entity of why it was denied certification. The firm may appeal to the certifying entity, in writing, for a review of their file or directly to the U.S. Department of Transportation (DOT). To appeal a decision to DOT, the business owner(s) must submit a letter giving the reason(s) he or she believes that the business should be certified. Send the letter directly to the following:

**U. S. Department of Transportation
Departmental Office of Civil Rights
External Policy and Program Development Division (S-33)
400 7th Street, SW, Room 5414
Washington, DC 20590**

NOTE: The appeal to DOT must be filed no later than 90 days from the postmark date of the certification denial.

A business that is denied certification by a certifying entity may not reapply for at least 12 months from the date of the final decision. A copy of the decertification notice will be forwarded to the TUCP database repository. A business that appeals to the U.S. Department of Transportation cannot reapply to the certifying entity until a final decision has been rendered on the appeal or 12 months, whichever is longer:

5. THIRD PARTY COMPLAINTS

Third party complaints: If any person has reason to believe that a business has been wrongly granted certification as a DBE, they may advise the certifying entity. A thorough investigation will be initiated upon receipt of a signed complaint. A complaint may also be submitted directly to the U.S. DOT.

If you are a Woman, Black American, Hispanic American, Native American, Asian Pacific American, or Subcontinent Asian American, you are presumed to be socially and economically disadvantaged. Other persons knowing of your actual social and economic condition, living standards, success in business, and other factors have the right to challenge your recognition and certification as a DBE. If your status is challenged, you will be given every opportunity to offer a defense. The challenge will be fully investigated, heard, and a final determination made.

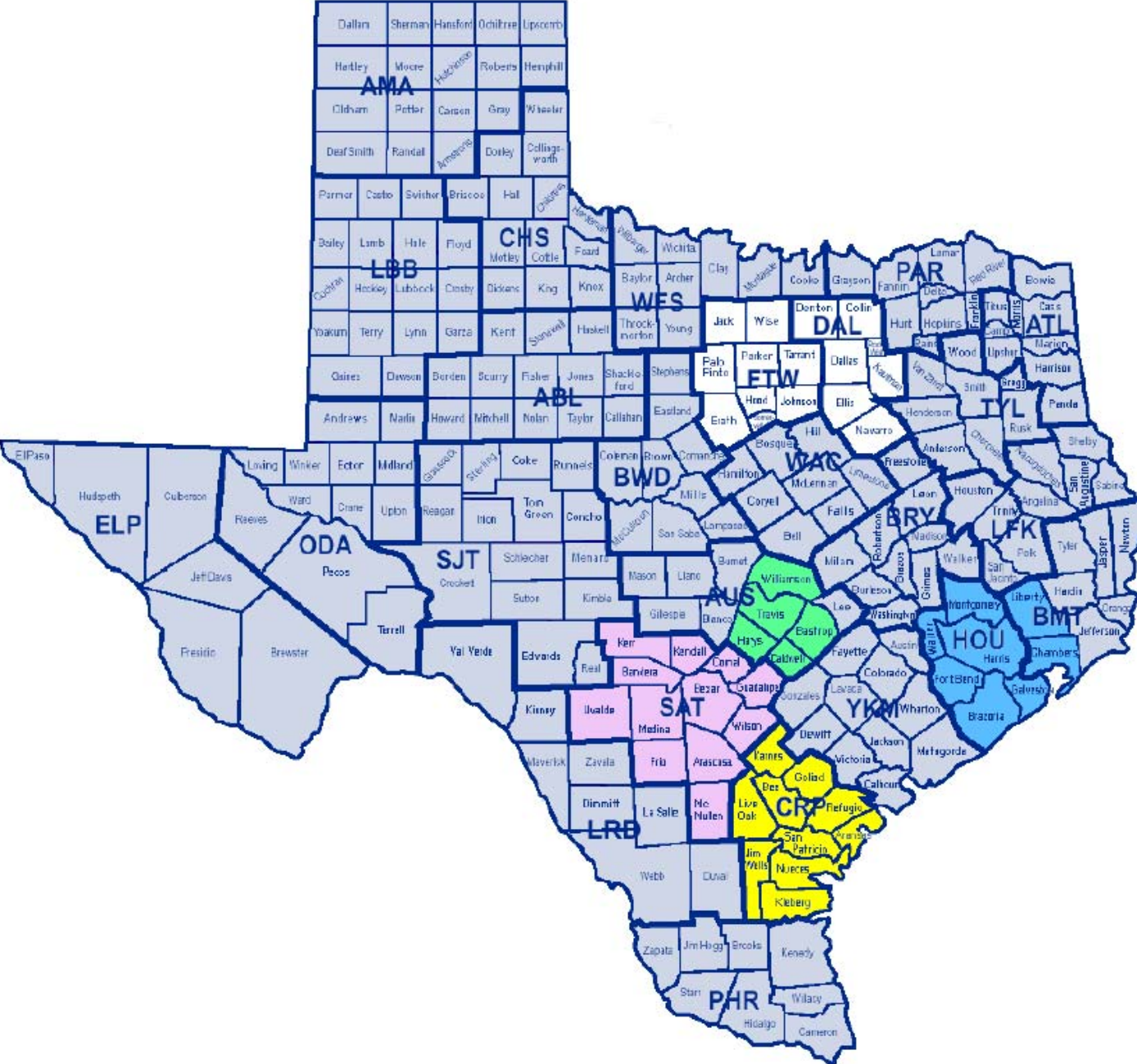
6. INSTRUCTIONS

- A. All businesses and trucking firms seeking to be certified as a DBE must complete the entire affidavit. All questions must be answered and all information requested must be submitted. The applications must be legible, complete, signed, dated, and notarized to be accepted for review. Failure to provide the requested documents with the application will delay processing of your application.
- B. The certifying entity will evaluate the information contained in the application, along with the facts learned during the on-site review to determine if the business meets the eligibility standards to be certified as a DBE.
- C. Applicant will be notified of the certifying entity decision by letter. If the firm is certified as a DBE, the business will be added to the TUCP directory. The directory will show the name of the business, address, telephone number, and categories of work. A business may ask for expanded work capabilities as it acquires experience in new areas.

Remember - the application must be complete, every question answered, and the application must be either typed or printed clearly in ink. All affidavits must be notarized and all requested documents submitted; otherwise, the application will be delayed in its processing. Use additional sheets as necessary and reference the specific item(s) you are addressing.

A business must be functional and operating before applying for certification. It must possess the resources to perform the work in which it is requesting to be certified. By submitting this application and the accompanying information, the firm is authenticating the veracity and accuracy of the statements made in the application.

Texas Unified Certification Program – Certifying Entities Region Map



	City of Austin
	City of Houston
	Corpus Christi Regional Transportation Authority (CCRTA)
	North Central Texas Regional Certification Agency (NCTRCA)
	South Central Texas Regional Certification Agency (SCTRCA)
	Texas Department of Transportation (TxDOT)

7. TUCP CERTIFYING AGENCIES

Completed applications should be returned to the certifying agency that will service the Texas county in which their home or corporate headquarters is located. Select the appropriate address below:

City of Austin, Department of Small and
Minority Business Resources
4201 Ed Bluestein
P.O. Box 1088
Austin, TX 78767-2516
Tel: (512) 974-7603
Fax: (512)974-7601
Email: mail@ci.austin.tx.us

Bastrop
Caldwell
Hays
Travis
Williamson

City of Houston Affirmative Action
611 Walker, 7th Floor
Houston, Texas 77002
Tel: (713) 837-9015
Fax: (713)837-9055
Email: mail@cityofhouston.net

Brazoria
Chambers
Fort Bend
Galveston

Harris
Liberty
Montgomery
Waller

Corpus Christi Regional Transportation
Authority (CCRTA)
5658 Bear Lane
Corpus Christi, TX 78405
Tel: (361) 289-2712 or (361) 289-2600 ext. 0
Fax: (361)289-0605
Email: mail@ccrta.org

Aransas
Bee
Goliad
Jim Wells
Karnes

Kleberg
Live Oak
Nueces
Refugio
San Patricio

North Central Texas Regional Certification
Agency (NCTRCA)
624 Six Flags Drive, Suite 216
Arlington, TX 76011
Tel: (817)640-0606
Fax: (817)640-6315
Email: mail@nctrca.org

Collin
Dallas
Denton
Ellis
Erath

Hood
Jack
Johnson
Kaufman
Navarro
Palo Pinto

Parker
Rockwall
Somervell
Tarrant
Wise

South Central Texas Regional Certification
Agency (SCTRCA)
305 East Euclid, Ste. 102
San Antonio, TX 78212
Tel: (210) 227-4722
Fax: (210)227-5712
Email: info@sctrca.org

Atascosa
Bandera
Bexar
Comal
Frio
Guadalupe

Kendall
Kerr
McMullen
Medina
Uvalde
Wilson

Texas Department of Transportation (TxDOT)
Business Opportunity Programs Office (BOP)
125 E. 11th Street
Austin, TX 78701-2483
Tel: (866)480-2518
Fax: (512)486-5539
Email: tucpdata@dot.state.tx.us

ALL other remaining counties

Privacy Statement

The Texas Department of Transportation maintains the information collected through this form. With few exceptions, you are entitled on request to be informed about the information that we collect about you. Under §§552.021 and 552.023 of the Texas Government Code, you also are entitled to receive and review the information. Under §559.004 of the Government Code, you are also entitled to have us correct information about you that is incorrect.

**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 or charter.
- (3) State the primary phone number of your firm.
- (4) State a secondary phone number, if any.
- (5) State your firm's fax number, if any.
- (6) State your firm's or your contact person's email address.
- (7) State 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) State 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) State the date on which your firm was officially established, as stated in your firm's Articles of Incorporation or charter.
- (4) State 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 or charter. 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 function or title 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 function or title 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 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) State the main phone number of your firm's bank branch.
- (c) State 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) State your agent's/broker's phone number.
- (d) State 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 name of the person securing the loan, 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 license or permit, 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

1. 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 \$20.41 million in gross annual receipts?
- Is your firm organized as a for-profit business?

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

2. 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.

3. 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.

4. Where can I find more information?

- U.S. DOT – <http://osdbuweb.dot.gov/business/dbe/index.html> (this site provides useful links to the rules and regulations governing the DBE program, questions and answers, and other pertinent information)
- SBA – <http://www.ntis.gov/naics> (provides a listing of NAICS codes) and <http://www.sba.gov/size/indextableofsize.html> (provides a listing of NAICS 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, Governmentwide Debarment and Suspension (nonprocurement) and Governmentwide Requirements for Drug-free Workplace (grants), take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

Is your firm currently certified for any of the following programs? <i>(If Yes, check appropriate box(es))</i>	<input type="checkbox"/> DBE	Name of certifying agency:
		Has your firm's state UCP conducted an on-site visit?
		<input type="checkbox"/> Yes, on State: <input type="checkbox"/> No
	<input type="checkbox"/> 8(a)	⊗STOP! 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?

Yes, on No

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

Section 2: GENERAL INFORMATION

A. Contact Information

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

B. Business Profile

(1) Describe the primary activities of your firm:	(2) Federal Tax ID <i>(if any)</i> :
(3) This firm was established on	(4) I/We have owned this firm since:
(5) Method of acquisition <i>(check all that apply)</i> : <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 <i>(explain)</i>	
(6) Is your firm "for profit"? <input type="checkbox"/> Yes <input type="checkbox"/> No	⊗STOP! If your firm is NOT for-profit, then you do NOT qualify for this program and do NOT need to fill out this application.

(7) Type of firm (check all that apply):

Sole Proprietorship
 Partnership
 Corporation
 Limited Liability Partnership
 Limited Liability Corporation
 Joint Venture
 Other, Describe:

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

(9) Number of employees: Full-time Part-time Total

(10) Specify the gross receipts of the firm for the last 3 years:

Year	Total receipts \$
Year	Total receipts \$
Year	Total receipts \$

C. Relationships with Other Businesses

(1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff, with any other business, organization, or entity?
 Yes No

If Yes, identify: Other Firm's name:
Explain nature of shared facilities:

(2) At present, or at any time in the	(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):

<u>Name</u>	<u>Address</u>	<u>Type of Business</u>
1.		
2.		
3.		

C. 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):

	<u>Name</u>	<u>Relationship</u>	<u>Company</u>	<u>Type of Business</u>	<u>Own or Manage?</u>
1.					
2.					

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below

(If more than one owner, attach separate sheets for each additional owner);

A. Background Information

(1) Name:	(2) Title:	(3) Home Phone #:
(4) Home Address <i>{street and number}</i> :		City: State: Zip:
(5) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	(6) Ethnic group membership <i>(Check all that apply)</i> : <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Other <i>{specify}</i>	
(7) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
(8) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		

B. Ownership Interest

(1) Number of years as owner:	(2) Initial Investment	Type	Dollar Value		
(3) Percentage owned:	to acquire ownership interest in firm:	Cash	\$		
(4) Familial relationship to other owners:		Real Estate	\$		
		Equipment	\$		
		Other	\$		
(5) Shares of Stock:	<u>Number:</u>	<u>Percentage:</u>	<u>Class:</u>	<u>Date Acquired:</u>	<u>Method Acquired:</u>
(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 <i>(e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, identify: Name of Business: _____ Function/Title: _____					
Nature of Business Relationship: _____					

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

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

Section 4: CONTROL

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

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

(3) Do any of the persons listed in (1) and/or (2) above perform a management or supervisory function for any other business?
 Yes No
If Yes, identify for each: Person: _____ Title: _____
Business: _____ Function: _____

(4) Do any of the persons listed (1) and/or (2) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? Yes No
If Yes, identify for each: Firm Name: _____ Person: _____
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?
 Yes No
If Yes, identify for each: Person: Title:
Business: Function:

(12) Do any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)?
 Yes No
If Yes, identify 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:

E. Financial Information

(1) Banking Information:
(a) Name of bank: (b) Phone No: ()
(c) Address of bank: City: State: Zip:

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 (full name printed), swear or affirm under penalty of law that I am (title) of applicant firm (firm name) 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 place(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)

Signature _____
(DBE Applicant)

NOTARY CERTIFICATE

PERSONAL NET WORTH STATEMENT

Complete a form for: (1) each socially disadvantaged proprietor, or (2) each socially disadvantaged limited and general partner whose combined interest total 51% or more, or (3) each socially disadvantaged stockholder owning 51% or more of voting stock. An individual's personal net worth includes only his or her share of the assets held jointly or as community property with the individual's spouse.

Name:	Date:
Residence Address:	Residence Phone: ()
City, State & Zip Code:	
Business Name:	Business Phone: ()

PERSONAL FINANCIAL STATEMENT

As of . In determining net worth, EXCLUDE individual ownership interest in the applicant business and personal residence. If married use only ½ of marital assets. Round all numbers to the nearest dollar.

ASSETS	LIABILITIES
Cash on hand and in bank \$	Accounts Payable \$
Savings Accounts \$	Notes Payable to Banks and Others \$
IRA or Other Retirement Account \$	(Describe in Section 1)
Accounts and Notes Receivable \$	Installment Account (Auto) \$
Life Insurance - Cash Surrender Value Only \$	Installment Account (Other) \$
(Complete Section 7)	Loan on Life Insurance \$
Stocks and Bonds \$	Mortgages on Real Estate \$
(Describe in Section 2)	[Except for personal residence] (Describe in Section 3)
Real Estate [Except for personal residence] \$	Unpaid Taxes \$
(Describe in Section 3)	(Describe in Section 5)
Automobile(s) – Present Value \$	Other Liabilities \$
Other Personal Property \$	(Describe in Section 6)
(Describe in Section 4)	Total Liabilities \$ 0.00
Other Assets \$	
(Describe in Section 4)	Net Worth \$ 0.00
Total Assets \$ 0.00	(Total Assets minus Total Liabilities)
Other Source of Income:	Other Contingent Liabilities:
Salary/Commissions \$	As Endorser or Co-worker \$
Net Investment Income \$	Legal Claims and/or Judgments \$

Section 1. 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 Note Holders	Original Balance	Current Balance	Payment Amount	Frequency (weekly, monthly, etc.)	How Secured or Endorsed; Type of Collateral

Section 2. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)
NOTE: Must be within five (5) days of statement date.

Number of Shares	Name of Securities	Cost	Market Value Quotation or Exchange	Date of Quotation or Exchange	Total Value

Section 3. Real Estate Owned. (Do not include your personal residence. List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name and Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 4. 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.)

Section 5. 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 6. Other Liabilities (Describe in detail).

Section 7. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries.)

Section 8. Transfer of Assets.

Have you, the individual claiming disadvantaged status, transferred any assets within two (2) years, in full or in part, to a spouse or any other person or entity, including a trust? YES NO

If yes, provide the following information as an attachment: the date of transfer, to whom the assets were transferred, amount paid for the assets, the market value of the assets at the time of transfer.

NOTE: Individuals may exclude assets transferred to an immediate family member that are consistent with the customary recognition of special occasions and may also exclude any transfers to an immediate family member for educational, medical, or essential support purposes.

Please provide copies of complete personal income tax returns, including all schedules, W-2s, and 1099 forms. 49 CFR Part 26 and federal law classify all information submitted with this form as confidential. This form or its information cannot be released to any person, governmental or commercial entity without the written permission of the person submitting the information.

PERSONAL NET WORTH AFFIDAVIT

The undersigned swear/affirm that the foregoing information and statements are true and correct, including all material and information necessary to identify and explain the financial net worth of

(Name of Individual)

Further, the undersigned agrees to permit the TUCP and/or U.S. Department of Transportation (DOT) as part of this certification process to interview owners, principals, officers, and employees; and to audit or examine books, records, and files of the above named individual.

If at any time the TUCP or DOT has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, your file may be referred to the General Counsel of DOT. The General Counsel may initiate debarment procedures in accordance with 41 CFR 1-1.604 and 12-1.062 and/or refer the matter to the Department of Justice under U.S.C. 1001, as the General Counsel deems appropriate.

NOTE: Under Title 18 U.S.C. Section 1001 and Title 15 U.S.C. Section 645, any person who misrepresents a firm's status as a small disadvantaged business concern; or makes false statements in order to influence the certification process in any way; or to obtain a government contract, shall be subject to fines of up to \$500,000 and imprisonment of up to 10 years, or both.

The burden of proving the financial net worth is the individual's. The Agency reserves the right to request any additional information deemed necessary to determine if an individual is economically disadvantaged. Failure to provide requested information within the time specified is grounds for termination of the process.

_____ Name	_____ Signature
_____ Title	_____ Date

Date _____ State of _____ County of _____

On this day before me appeared (name) _____ with proper identification, who being duly sworn, did execute the foregoing affidavit and did aver that he or she was properly authorized to execute this affidavit and did so as his or her free act/deed.

(Seal)

_____ Notary Public	_____ Commission Expiration
------------------------	--------------------------------

AFFIDAVIT OF MANAGERIAL TECHNICAL COMPETENCE

(Put all resume information on this form.)

Name: _____

Special qualification in the work areas requested in DBE Application: _____

Professional licenses held _____

Union/professional association membership: _____

Education/Technical training: _____

School	Dates	# of hrs.	Degree	Field
_____	_____	_____	_____	_____

Position with applicant firm:

Title: _____ Salary: _____

Dates employed: From: _____ To: _____ Hours per week: _____

Duties and responsibilities: _____

Previous employment: (list most recent employment first, may continue on back of page)

Firm: _____

Type of business: _____ Location: _____

Dates employed: From: _____ To: _____ Hours per week: _____

Title: _____ Salary: _____

Number of persons supervised: _____ Type of employees: _____

Duties and responsibilities: _____

Knowledge, skills and abilities:

Hiring: _____

Contracting: _____

Purchasing: _____

Technical competence related to firm's operations: _____

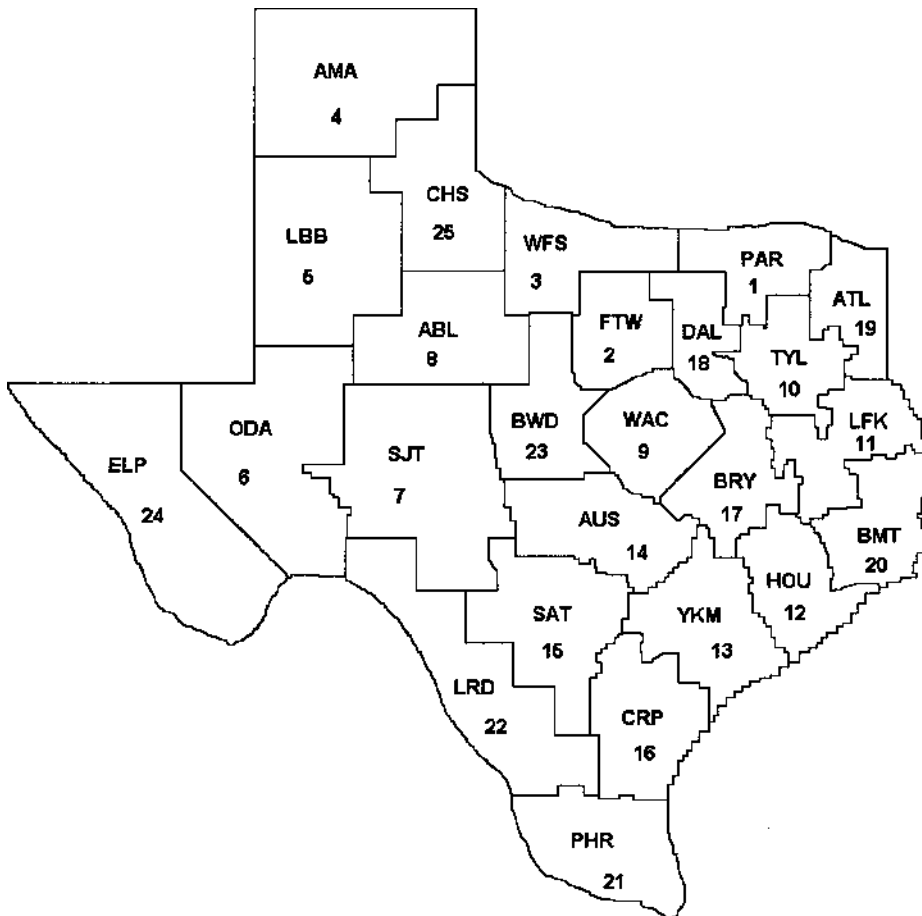
Please identify the areas (Districts) of Texas in which your firm is ready, willing and able (based on employees and equipment) to work on TxDOT contracts. For some contracts requiring large staff and/or equipment, such as highway construction projects, keep in mind that you must either transport your equipment from your home office to the project site (or arrange for lease/rental of equipment and delivery to the project site) and secure lodging facilities for your employees.

For example: If your office is in Beaumont, TX and you indicate that you can work in all 25 Districts, then be prepared to perform highway project work with your equipment and employees in Amarillo, El Paso, Laredo, Texarkana and all other TxDOT districts.

I am willing to work on TxDOT projects in the following Districts (identify by number):

; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
 ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;

TxDOT Districts



- ABL Abilene
- AMA Amarillo
- ATL Atlanta
- AUS Austin
- BMT Beaumont
- BWD Brownwood
- BRY Bryan
- CHS Childress
- CRP Corpus Christi
- DAL Dallas
- ELP El Paso
- FTW Fort Worth
- HOU Houston
- LRD Laredo
- LBB Lubbock
- LFK Lufkin
- ODA Odessa
- PAR Paris
- PHR Pharr
- SJT San Angelo
- SAT San Antonio
- TYL Tyler
- WAC Waco
- WFS Wichita Falls
- YKM Yoakum

NATURE OF BUSINESS

Check the type of work that makes up 75 percent or more of the dollar volume of work done by your business. Should your firm's type not be listed below, indicate service provided and percent of dollar value.

- Asphalt** - includes seal coats and surface treatments, limestone rock asphalt, cold-mix asphaltic concrete pavement, hot mix asphaltic concrete pavement, etc.
- Concrete Paving and Incidentals** - includes jointed concrete pavement and continuously reinforced concrete pavement
- Earthwork, Base and Subbase** - includes preparing ROW, clearing, removing old concrete, roadway and channel excavation, embankments, subbase courses, base courses, etc.
- Fencing** - includes wire, chain link and metal beam guard fence, metal bridge railing, etc.
- Hauling** - includes hauling of base material, gravel, sand, hot mix, etc.
- Illumination** - includes placement of conduit and wire, poles, roadway and bridge lights, etc.
- Landscaping** - includes roadside planting, erosion control, sodding, seeding, etc.
- Major Structures** - includes structural excavation, drill shafts, piling, concrete for columns, bents, abutments, slabs, structural steel, rebar, etc.
- Material Suppliers** - suppliers of construction materials kept in inventory for public sale (60% credit). Manufacturers and suppliers (100% credit).
- Minor Structures and Miscellaneous Concrete** - includes CGM and RC pipe, inlets, manholes, sewers, box culverts, sidewalks, driveways, riprap, curb and gutter, concrete bridge railing, concrete median barrier, etc.
- Painting** - includes painting of structural steel and concrete structures
- Professional Services** - includes consulting engineers, architects, and surveyors
- Rest Areas** - includes steel, masonry or wood fabrication and erection, electrical wiring, plumbing, etc.
- Traffic Control Devices** - includes traffic signals, signs, barricades, pavement markers, buttons, edge lines, striping, etc.
- Underground and Utility Work** - includes PVC pipe, underground conduit, utility telephone lines, etc.
- Miscellaneous.** Please specify. _____
- Banks owned and controlled by disadvantaged individuals.**
- Aviation.** Please specify. _____
- Public Transportation.** Please specify. _____

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 (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

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.

**Texas Unified Certification Program (TUCP) Participating Entities
DBE certifications through the TUCP are valid at the following entities:**

Airports:

Abilene Regional Airport
Austin-Bergstrom International Airport
Corpus Christi International Airport
Dallas-Fort Worth International Airport
Easterwood Field (Texas A & M)
Gregg County Airport – Longview
Houston Airport System
Killeen Municipal Airport
McAllen Miller International Airport

Midland International Airport
San Angelo Regional Airport/Mathis Field
San Antonio International Airport
Southeast Texas Regional Airport
Tyler Pounds Regional Airport
Valley International Airport (Harlingen)
Victoria Regional Airport
Waco Regional Airport
Wichita Falls Municipal Airport

Cities:

City of Amarillo
City of Arlington
City of Austin
City of Brownsville
City of Corpus Christi
City of Dallas
City of Denton
City of DeSoto

City of El Paso
City of Ft. Worth
City of Garland
City of Grand Prairie
City of Houston
City of Lewisville
City of Longview
City of McAllen

City of Mesquite
City of Plano
City of Round Rock
City of San Antonio
City of Texarkana
City of Wichita Falls

Transit:

Beaumont Municipal Transit
Brownsville Urban System
Capital Metropolitan Transportation Authority - Austin
Central Texas Council of Governments (CTCOG)-Transit - Belton
City of Galveston-Island Transit
Corpus Christi Regional Transportation Authority (CCRTA)
Dallas Area Rapid Transit (DART)
Fort Worth Transportation Authority
Golden Crescent RPC-Transit - Victoria
Hill Country Transit District - San Saba
Lower Rio Grande Valley Development Council-Transit - McAllen
Lubbock Citybus System
Metropolitan Transit Authority of Houston
Texoma Council of Governments-Transit - Sherman
The Mass Transit Department of the City of El Paso (Sun Metro)
VIA Metropolitan Transit Authority - San Antonio
Waco Transit System

Other:

North Central Texas Regional Cert. Agency (NCTRCA) - Arlington
South Central Texas Regional Cert. Agency (SCTRCA) - San Antonio
Austin Water & Wastewater Utility
Bexar County
City Public Service - San Antonio
Dallas Community College District
Dallas County
Dallas Metrocare Services

Dallas Public Schools
Edwards Aquifer Authority
Fort Worth Housing Authority
Fort Worth Public Schools
MHMR of Tarrant County
San Antonio Housing Authority
San Antonio Water System