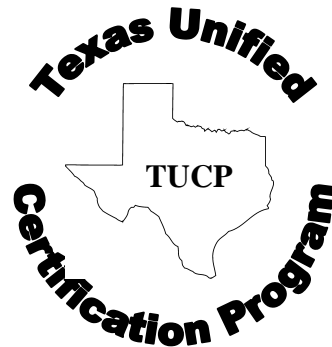


NORTH CENTRAL TEXAS REGIONAL CERTIFICATION AGENCY
624 Six Flags Drive, Suite 100
Arlington, Texas 76011

&



Welcome from the various agencies involved in the **Texas Unified Certification Program (TUCP)** for the Federal Disadvantaged Business Enterprise (DBE) Program. The TUCP follows Federal regulations 49 CFR, Part 26 and other regulations and guidelines of the U. S. Department of Transportation (DOT), the Federal Transportation Administration (FTA), the Federal Aviation Administration (FAA) and the Federal Highway Administration (FHWA).

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, North Central Texas Regional Certification Agency, South Central Texas Regional Certification Agency, City of Houston, City of Austin, and Corpus Christi Regional Transportation Authority are responsible for DBE Program certification in the TUCP.

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 for all DOT transportation modes, including Aviation, Highways, and Public Transportation

DBE PROGRAM APPLICATIONS

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 DBE Directory. The directory will be on the INTERNET and listed at the web page www.dot.state.tx.us/business/tucpinfo.htm which is updated monthly.

If you have any questions about TUCP system DBE Program certification, please contact the serving DBE certification agency on the attached list.

**UNIFORM CERTIFICATION PROGRAM
DISADVANTAGED BUSINESS ENTERPRISES (DBE) APPLICATION FORM**

A. Should I apply?

1. Is your firm at least 51% - owned by a socially and economically disadvantaged individual(s) who also controls the firm?
2. Is the disadvantaged owner an U.S. citizen or lawfully admitted permanent resident of the United States?
3. Is your firm a small business that meets the Small Business Administration's (SBA's) size standard and does not exceed \$22.41 million in gross annual receipts?
4. 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.

B. Be sure to attach all of the required documents listed in the Documents Check List on the following page with your completed application.

C. 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/index/size.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, Government wide Debarment and Suspension (non-procurement) and Government wide 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.

DBE UNIFORM CERTIFICATION APPLICATION SUPPORTING DOCUMENTS CHECKLIST

In order to complete your application for DBE certification, you must attached copies of **ALL** of the following documents, as they apply to you and your firm. For requested documents that do not apply to your firm, please provide a **written** explanation on company letterhead.

All Applicants

- Work experience resumes for all owners and officers of your firm showing education, training and employment
- Proof of 3-5 contracts/invoices (company must be functional and operating before applying for certification)
- Personal financial statement (PNW form available within this application)
- Copy of assumed name certificate
- Personal tax returns for the past 3 years for each owner claiming disadvantaged status
- Your firm's tax returns and all related schedules for the past 3 years
- Proof of financial contribution used to acquire ownership for each owner
- Copies of all signed loan agreements, security agreements, and bonding forms
- Copy of office rental/lease agreement (including storage space) and one canceled check used to make payment
- List of equipment rental, lease agreement and/or proof of purchase (e.g. paid invoice)
- List of equipment used for overall operation for company (i.e. computer, construction equipment, etc.)
- List of vehicles owned and titles/proof of ownership
- Proof of transfers of assets over the past 2 years
- Copy of balance sheet and income statements for the past 3 years listing firm's assets and liabilities
- Current copy of all relevant licenses, permits, and haul authority forms (e.g. Architect, Engineer, Plumber, etc.)
- Copy of bank signature card(s)
- Schedule of salaries (compensation/remuneration) paid to all officers, managers, owners, and directors
- Trust agreements held by owner
- Notarized Certification affidavit and application

Partnership

- Copy of original and any amended partnership agreement(s)

Corporation or LLC

- Official copy of Articles of Incorporation
- Both sides of all corporate stock certificates and your firm's stock transfer ledger
- Copy of shareholders agreement
- Copy of first and last corporate minutes (Board of directors meetings and/or shareholders meetings)
- Copy of By-laws
- Official copy of Articles of Organization (LLC)
- Copy of operating agreement (LLC)

Trucking Company

- Proof of ownership of the Company
- Copy of insurance agreements for each truck owned or operated by your firm
- Copy of title(s) and registration certificate(s) for each truck
- List of U.S. DOT numbers for each truck

Regular Dealer or Wholesaler Also Include

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

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

1. Is your firm currently certified by another certifying entity as a DBE? Yes ____; No ____;

If so name of certifying agency: _____

If so name of certifying agency: _____

Has an on-site visit been performed? Yes: ____ on _____; No: _____

B. Prior/Other Applications and Privileges

1. Has your firm, under any name, or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application for certification, or ever been denied certification, decertified, debarred, suspended or otherwise had bidding privileges denied or restricted by any local, state or Federal Agency or entity? Yes: ____ on _____; No: ____

If Yes, identify the local, state or federal agency or entity and explain the nature of the action:

State	Certifying Authority	Address	date
Explanation			
State	Certifying Authority	Address	date
Explanation			

Section 2: GENERAL INFORMATION

A. Contact Information

1. Contact person: _____

2. Title: _____

3. Legal name of firm: _____

4. Communication:

Phone #: _____; Other Phone #: _____; Fax #: _____

E-mail: _____; Website: _____

5. Physical address of firm (no P.O. Box): _____

(City, State and Zip Code)

(County/Parish)

6. Mailing address of firm (if different): _____

(City, State and Zip Code)

(County/Parish)

B. Business Profile

1. Describe the primary activities of your firm: _____

2. Tax ID: _____

3. This firm was established on: _____; I/We have owned this firm since: _____;

4. Method of acquisition (check all that applies):

Started New Business	<input type="checkbox"/>	Secured Concession	<input type="checkbox"/>
Bought Existing Business	<input type="checkbox"/>	Merger or Consolidation	<input type="checkbox"/>
Inherited Business	<input type="checkbox"/>		<input type="checkbox"/>

Other (explain): _____

5. Is your firm "for profit"? Yes: _____; No: _____;

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

6. Type of firm:

Sole Proprietor	<input type="checkbox"/>	Limited Liability Corporation (LLC)	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	Limited Liability Partnership (LLP)	<input type="checkbox"/>
Corporation	<input type="checkbox"/>	Joint Venture	<input type="checkbox"/>

Other (Describe): _____

7. Has your firm ever existed under different ownership, a different type of ownership, or a different name? Yes: _____; No: _____; If Yes, explain: _____

8. Number of employees: Full-time: _____; Part-time: _____; Contract: _____; Total: _____;

9. Specify the gross receipts of the firm for the last 3 years:

Year: _____; Total receipts in whole dollars (\$): _____

Year: _____; Total receipts in whole dollars (\$): _____

Year: _____; Total receipts in whole dollars (\$): _____

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, and/or office staff, with any other business, organization, or entity? Yes: _____; No: _____; If Yes, identify the other firm(s) and explain the nature of sharing: _____

2. At present or at any time in the past, has your firm: Check all that apply

		YES	NO
A.	Been a subsidiary of any other firm?		
B.	Consisted of a partnership in which one or more of the partners are other firms?		
C.	Owned any percentage of any other firms?		
D.	Had any subsidiaries?		
E.	Has any other firm had an ownership interest in your firm at present or at any time in the past?		

3. If you answered "Yes" to any of the questions in 2a - 2e, identify the following for each (attach extra sheets, if needed):

<u>Name</u>	<u>Address</u>	<u>Type of Business</u>

D. Immediate Family Member Businesses

Do any of your immediate family members own or manage another company?

Yes: _____; No: _____; If Yes, then list (attach extra sheets, if needed):

<u>Name</u>	<u>Relationship</u>	<u>Company</u>	<u>Type of Business</u>	<u>Own/Manage</u>

Section 3: OWNERSHIP

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

A. Background Information

1. Name: _____; Title: _____; Phone #: _____;

2. Home Address: _____
 (Street and number)

 (City, State and Zip Code)

3. Gender: Male: _____; or Female: _____;

4. U.S. Citizen or Lawfully Admitted Permanent Resident: Yes: _____; No: _____;

5. Ethnic group membership (Check all that apply):

Black	<input type="checkbox"/>	Asian Pacific	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>	Subcontinent Asian	<input type="checkbox"/>
Native American	<input type="checkbox"/>		<input type="checkbox"/>

Other (specify): _____;

B. Ownership Interest

1. Number of years as owner: _____; 2. Percentage owned: _____;

3. Family Relationship to other owners: _____

4. Initial investment to acquire ownership interest in firm:

Cash (\$)	Real Estate (\$)	Equipment (\$)	Expertise (%)	Other (\$)

5. Shares of Stock:

Number	%	Class	Date Acquired	Method Acquired

6. Does this owner perform a management or supervisory function for any other business?

Yes: _____; No: _____; If Yes, identify:

Name of Business

Function/ Title

7. Does this owner own or work for any other firm(s) that has a relationship with this firm (e.g.. ownership interest, shared office space, financial investments, equipment. leases, personnel sharing, etc.)? Yes: _____; No: _____; If Yes, identify:

Name of Business

Function/ Title

Nature of Business Relationship

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

1. What is the Personal Net Worth (PNW) of the owner(s) applying for DBE qualification?

Attach the Personal Net Worth calculator form included in this application.

2. Has any trust been created for the benefit of this disadvantaged owner(s)?

Yes: _____; No: _____; If Yes, explain _____

Section 3-1: OWNERSHIP

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

A. Background Information

1. Name: _____; Title: _____; Phone #: _____;

2. Home Address: _____
(Street and number)

(City, State and Zip Code)

3. Gender: Male: _____; or Female: _____;

4. U.S. Citizen or Lawfully Admitted Permanent Resident: Yes: _____; No: _____;

5. Ethnic group membership (Check all that apply):

Black		Asian Pacific	
Hispanic		Subcontinent Asian	
Native American			

Other (specify): _____;

Section 4: CONTROL

A. Identify your firm's Officers & Board of Directors (attach additional sheets if required).

1. Officers of the Company:

<u>Name</u>	<u>Title</u>	<u>Date Appointed</u>	<u>Ethnicity</u>	<u>Gender</u>

2. Board of Directors:

<u>Name</u>	<u>Title</u>	<u>Date Appointed</u>	<u>Ethnicity</u>	<u>Gender</u>

3. Does anyone listed in (1) and/or (2) above perform a management or supervisory function for any other business? Yes; ____; No: ____; If Yes, identify for each:

<u>Name</u>	<u>Title</u>	<u>Business</u>	<u>Function</u>

4. Does anyone 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:

<u>Firm Name</u>	<u>Person</u>	<u>Nature of Business Relationship</u>

B. Identify your firm's management personnel who control your firm in the following areas (If more space required, attach a separate sheet).

AREA	Name	Title	Ethnicity	Gender
Financial Decisions				
Person(s) Authorized to Sign Company Checks				
Management Decisions				
Office Management				
Estimating and Bidding				
Negotiating and Contract Execution				
Hiring/Firing of Management Personnel				
Purchasing of Major Equipment or Supplies				
Field/Production Operations Supervisor				

1. Does 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:

<u>Name</u>	<u>Title</u>	<u>Business</u>	<u>Function</u>

2. Does 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:

<u>Firm Name</u>	<u>Person</u>	<u>Nature of Business Relationship</u>

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

1. Equipment

<u>Type of Equipment</u>	<u>Make/Model</u>	<u>Owned or Leased</u>	<u>Current Value</u>

2. Vehicles

<u>Type of Vehicle</u>	<u>Make/Model</u>	<u>Owned or Leased</u>	<u>Current Value</u>

3. Office Space

<u>Street Address</u>	<u>Owned or Leased</u>	<u>Current Value of Property or Lease</u>

4. Storage Space

<u>Street Address</u>	<u>Owned or Leased</u>	<u>Current Value of Property or Lease</u>

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:

<u>Name of Bank</u>	<u>Phone #</u>	<u>Address of Bank (City, State & Zip)</u>

2. Bonding Information: If you have bonding capacity, identify:

Binder #: _____; Agent/broker phone #: _____

Bonding limits - Aggregate limit \$: _____; Project limit \$: _____

Name of agent/broker: _____

Address of agent/broker: _____

City State Zip

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

<u>Name of Source</u>	<u>Address of Source</u>	<u>Name of Person Securing the Loan</u>	<u>Original Amount</u>	<u>Current Balance</u>	<u>Purpose of Loan</u>

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years (attach additional sheets if needed).

<u>Contribution/Asset</u>	<u>Dollar Value</u>	<u>From Whom Transferred</u>	<u>To Whom Transferred</u>	<u>Relationship</u>	<u>Date of Transfer</u>

H. List current licenses/permits held by any owner and/or employee of your firm (e.g., contractor, engineer, architect, etc., attach additional sheets if needed):

<u>Name of License or Permit Holder</u>	<u>Type of License or Permit</u>	<u>Expiration Date</u>	<u>License Number</u>	<u>State</u>

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

<u>Name of Owner/Contractor</u>	<u>Location of Project</u>	<u>Type of Work Performed</u>	<u>Dollar Value of Contract</u>

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

<u>Name of Prime Contractor & Project</u>	<u>Location of Project</u>	<u>Type of Work Performed</u>	<u>Project Start Date</u>	<u>Anticipated Completion Date</u>	<u>Dollar Value of Contract</u>

K. Please list three company and/or client references:

<u>Company</u>	<u>Contact Person</u>	<u>Title</u>	<u>Telephone Number</u>

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) (circle 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.

Name

Signature

Title

Date

Date _____ State of _____ County of _____

On this day before me appeared _____ with proper identification,
Name of individual

who being duly sworn, did execute the foregoing affidavit and did aver that he or she was properly authorized by to execute this affidavit and did so as his or her free act/deed.

Notary Public

(SEAL)

Commission Expiration Date

**Texas Unified Certification Program
Supplemental Information Form**

Proof of Group Membership

In addition to the documents listed in the application checklist, please provide one of the following:

(Note – the item you provide should demonstrate proof of your membership in a disadvantaged group)

Select One:

- Birth Certificate
- Passport
- Tribal Roll Card
- Tribal Voter Registration Certificate
- Naturalization Papers

Proof of Citizenship or Permanent Residency

In addition to the documents listed in the application checklist, please provide one of the following:

(Note – the item you provide should demonstrate proof of your citizenship or permanent residency with the United States of America)

Select One:

- Birth Certificate
- Passport
- Naturalization Papers
- Permanent Resident Card

Note: You may be requested to provide additional documentation if the information is insufficient to prove disadvantaged group membership or citizenship/permanent residency.

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 (Date) ___ / ___ / _____. 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 \$ _____ (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 \$ _____
Other Assets \$ _____ (Describe in Section 4)	Net Worth \$ _____ (Total Assets minus Total Liabilities)
Total Assets \$ _____	
Other Source of Income	Other Contingent Liabilities
Salary/Commissions \$ _____	As Endorser or Co-singer \$ _____
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 party of this statement and signed.)

Name and Address of Note Holders (s)	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 resident. 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 that market value of the assets as 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 is 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 release to any person, governmental or commercial entity without the written permission of the person submitting the information.

PERSONAL NET WORTH AFFIDAVIT

The undersigned swears/affirms 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 entities of the Texas Unified Certification Program (TUCP) and/or U.S. Department of Transportation (DOT), as part of this certification process and 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 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 individuals. 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	_____ Title
_____ Signature	_____ 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 by to execute this affidavit and did so as his or her free act/deed.

Notary Public

(SEAL)

Commission Expiration

**TEXAS UNIFORM CERTIFICATION PROGRAM
DISADVANTAGED BUSINESS ENTERPRISES (DBE) APPLICATION FORM**

INSTRUCTIONS FOR COMPLETING THE DBE PROGRAM CERTIFICATION APPLICATION:

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.

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, 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 a local, state or Federal Agency or 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 any secondary phone numbers
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's "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 anytime 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 applies). 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 an U.S. citizen.
8. If this owner is not an U.S. citizen, check the appropriate box that indicates whether this owner is a lawfully admitted permanent resident. If this owner is neither an 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 an 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 performs 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 execution 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 he/she 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, 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 bonds 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 an 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

Section 5: AFFIDAVIT & SIGNATURE

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

TEXAS UNIFORM CERTIFICATION PROGRAM CERTIFYING ENTITIES

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

The Counties of Bastrop, Caldwell, Hays, Travis and Williamson.

City of Austin, Department of Small and Minority Business Resources
4100 Ed Bluestein
P.O. Box 1088
Austin, TX 78767-2516
(512) 974-7600
(512) 974-7601 (Fax)
Email: mail@[ci.austin.tx.us](mailto:mail@ci.austin.tx.us)

The Counties of Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery and Waller.

City of Houston Affirmative Action
611 Walker, 20th Floor
Houston, Texas 77002
(713) 837-9000
(713) 837-9050 (Fax)
Email: mail@[cityofhouston.net](mailto:mail@cityofhouston.net)

The Counties of Aransas, Bee, Goliad, Jim Wells, Karnes, Kleburg, Live Oak, Nueces, Refugio and San Patricio.

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

The Counties of Collin, Dallas, Denton, Ellis, Erath, Hood, Jack, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, and Wise.

North Central Texas Regional Certification Agency
624 Six Flags Drive, Suite 100
Arlington, TX 76011
Tel: (817) 640-0606
Fax: (817) 640-6315
e-mail: mail@nctrca.org

The Counties of Atascosa, Bandera, Bexar, Comal, Frio, Guadalupe, Kendall, Kerr, McMullin, Medina, Uvalde and Wilson.

South Central Texas Regional Certification Agency
305 E. Euclid Dr., Suite 102
San Antonio, TX 78207
Tel: (210) 227-4722
Fax: (210) 227-5712
Email: info@sctrca.org

ALL other remaining Counties in Texas

Texas Department of Transportation
Business Opportunity Programs Section
125 E. 11th Street
Austin, TX 78701-2483
(866) 480-2518
(512) 486-463-5539 (Fax)
Email: tucpdata@dot.state.tx.us