



**OKLAHOMA DEPARTMENT OF TRANSPORTATION
DISADVANTAGED BUSINESS ENTERPRISE PROGRAM
49 CFR PART 26**

APPLICATION FOR CURRENTLY CERTIFIED FIRM

**Civil Rights Division
Oklahoma Department of Transportation
200 N.E. 21st Street, Room 1-C1
Oklahoma City, Oklahoma 73105
(405) 521-3186
1-800-788-4539**

The Oklahoma Department of Transportation (ODOT) ensures that no person or groups of persons shall, on the grounds of race, color, sex, age, national origin, disability/handicap, or income status, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered by ODOT, its recipients, sub-recipients, and contractors.

Under Sec. 26.107 of 49 CFR Part 26, dated October 1, 2010, 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 of may initiate suspension or debarment proceedings against the person or firm under 49 CFR Part 29, take enforcement action under 49 CFR Part 31, Program Fraud Civil Remedies, and/or refer the matter to the Department of Justice under 18 U.S.C. 1001.

Documents to be Submitted for Currently Certified DBE Firms

The following documents must be submitted with the attached application form. Failure to provide any of the required documents will result in a delay in the processing of your application. Please mark an “X” in the blank opposite each item submitted. Place “N/A” in the blank opposite those items which do not apply.

ALL FIRMS MUST PROVIDE THE FOLLOWING ITEMS:

- _____ a. Current business financial statement
- _____ b. Notarized Statement of Personal Net Worth for disadvantaged owner(s) (form enclosed)
- _____ c. Resumes for all new owners, management, supervisory individuals, and board of directors
- _____ d. Copies of any licenses and/or permits required to do business
- _____ e. Current payroll
- _____ f. Copies of lease agreements executed within the past three years
- _____ g. Copies of all outstanding loans executed within the past three years
- _____ h. State the number of ODOT projects bid on in the last 12 months (prime or sub) and provide a list of the ODOT projects awarded in the last 12 months (prime or sub)
- _____ i. Current equipment list and titles for equipment acquired since last certification
- _____ j. Entire copies of personal tax returns for owners upon which disadvantaged status is relied, including all attached schedules, statements, and W-2s for last three years
- _____ k. Liability and Workers Compensation Insurance

SOLE PROPRIETORSHIP:

- _____ a. Copy of Federal Tax Schedule submitted for the proprietorship for the last tax year

CORPORATIONS:

- _____ a. Entire copy of Federal corporate tax return for the last tax year
- _____ b. Minutes of board of director’s meetings for past three years
- _____ c. Minutes of stockholder’s meetings for past three years
- _____ d. Documentation of any stock changes in the past year

PARTNERSHIPS:

- _____ a. Entire copy of federal partnership tax returns for last tax year
- _____ b. Documentation of any changes in the partnership agreement in the past year

Oklahoma Department of Transportation
Application for Currently Certified DBE Firms
Disadvantaged Business Enterprise

Response must be given to all questions and requests for documentation. Incomplete submissions will delay the process. If an item does not apply, mark "N/A" (not applicable). The affidavit certifying the validity of information given must be signed by each owner, upon which disadvantaged status is relied, and notarized.

***FALSE STATEMENTS ARE A VIOLATION OF STATE AND FEDERAL LAWS
AND SUBJECT TO CRIMINAL PROSECUTION***

Date of Application _____

1. Name of Firm _____

2. FEI# _____ Contact Person _____

3. Street Address _____

4. Mailing Address, if different _____

5. Phone Number _____ Fax Number _____

Mobile Number _____ Email Address _____

6. Type of Business _____

7. List other states and agencies with which the firm is certified as a disadvantaged business:

8. Has the firm ever been denied certification as a disadvantaged business? _____

If yes, indicate by whom, date, and reason _____

9. Identify all owners of the firm:

Name	Race	Gender	Years Owned	Percent Owned
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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10. List Current Officers and Board of Directors:

Name	Title	Director (Yes/No)	Race/Gender

11. If ownership, officers, directors, or business structure has changed, please explain:

12. List those individuals who are responsible for day-to-day and long-term management of the operations in the following categories:

Control	Name	Race/Gender	Title
Financial Decisions			
Management Decisions			
Estimating			
Marketing & Sales			
Hiring and Firing of Management Personnel			
Hiring and Firing of Non-Management Personnel			
Purchase of major items/supplies			
Supervision of Field Operations			

AFFIDAVIT

This affidavit 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 hereby certify that I am a (*circle all that apply*):

Female

Black American

Hispanic American

Native American

Asian-Pacific American

Subcontinent Asian American

Other (*specify*) _____

I have held myself out as a member of that group and have acted as a member of that group. I certify that I am an owner of the company seeking DBE certification and that I have been subjected to racial or ethnic prejudice or cultural bias within American society because of my identity as a member of the above circled group.

I further certify that my personal net worth does not exceed \$1.32 million, and that 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 relating to my disadvantaged status and me is true and correct.

Signature

Date

Title

STATE OF _____)
) SS:
COUNTY OF _____)

On this _____ day of _____, 20____, before me appeared _____
_____ (*Name*) to me personally known, who, being duly sworn, did execute the foregoing
affidavit, and did state that he or she was properly authorized by _____
(*Name of Firm*) to execute the affidavit and did so as his or her free act and deed.

My Commission Expires

Notary Public

My Commission Number

Civil Rights Division
Oklahoma Department of Transportation

Complete this form for: (1) each socially disadvantaged proprietor, (2) each socially disadvantaged limited and general partner whose combined interest totals 51% or more, or (3) each socially disadvantaged stockholder making up 51% or more of voting stock.

Name Business Phone ()

Residence Address Residence Phone ()

City, State & Zip

Business Name of Applicant

PERSONAL FINANCIAL STATEMENT

As of _____, 20____

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand and in banks	\$ _____	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 (Describe in Section 3)	\$ _____
Real Estate (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)	\$ _____		
Other Assets (Describe in Section 4)	\$ _____		
		Total Liabilities	\$ _____
Total Assets	\$ _____	Net Worth (Total Assets minus Total Liabilities)	\$ _____

Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provisions for Federal Income Tax
Other Income	Other Special Debt

Section 1. Notes Payable to Bank and Others (Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 2. Stocks and Bonds *(Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)*

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

Section 3. Real Estate Owned *(List each parcel separately. Use attachment 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			
Present Value			
Original Cost			
Mortgage Balance			

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 delinquency.)***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.)*

I authorize the Oklahoma Department of Transportation to verify the accuracy of the statements made in order to determine whether I meet the standards of economic disadvantage for participation in the DBE Program at the Oklahoma Department of Transportation. I certify that to the best of my knowledge the information provided is true, accurate, and complete.

Signature:	Title:	SSN:	Date:
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State of:

County of:

On ____ day of _____, 20____, before me appeared _____
(Owner's name)

To me personally known, and who, being duly sworn, did execute the foregoing document and did so as his or her free act and deed.

NOTARY PUBLIC _____

COMMISSION EXPIRES _____

SEAL (If Required)

COMMISSION NUMBER _____