



OKLAHOMA UNIFIED CERTIFICATION PROGRAM
DISADVANTAGED BUSINESS ENTERPRISE PROGRAM
49 CFR PART 26

UNIFORM CERTIFICATION APPLICATION

Under Sec. 26.107 of 49 CFR Part 26, dated February 2, 1999, if at any time, the Department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Department may initiate suspension or debarment proceedings against the person or firm under 49 CFR Part 29, take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice under 18 U.S.C. 1001.



OKLAHOMA UNIFIED CERTIFICATION PROGRAM (OUCP)

Dear Business Owner:

Thank you for your interest in participating in the Oklahoma Unified Certification Program (OUCP) for Disadvantaged Business Enterprises (DBE). As mandated by the United States Department of Transportation (U.S. DOT) in the DBE Program, 49 Code of Federal Regulations (CFR), Part 26, all U.S. DOT recipients of federal financial assistance must participate in a statewide UCP. The UCP is a “One-Stop Shopping” certification procedure that will eliminate the need for DBE firms to obtain certifications from multiple agencies within the state who are U.S. DOT recipients or grantees.

The UCP of Oklahoma is charged with the responsibility of certifying firms and compiling and maintaining a database of certified DBEs for U.S. DOT recipients, pursuant to 49 CFR Part 26. The Oklahoma Department of Transportation (ODOT) is the certifying agency for the OUCP and will process all applications and maintain the database of certified DBE firms for the state of Oklahoma.

Please complete the attached application if you wish to be considered for DBE certification and your business meets the following certification standards. You may return your completed application to:

Regulatory Services
Oklahoma Department of Transportation
200 N.E. 21st. St., Rm. 1-C-5
Oklahoma City, OK. 73105
(405) 521-6046
1-800-788-4539

INSTRUCTIONS

Please complete all portions of the application, placing “N/A” next to items that are not applicable. Include all copies of documents requested on the application, and have the *Affidavit of Certification* and the *Personal Net Worth Statement* notarized. Additional documentation may be requested if it is considered necessary to make a certification decision. Incomplete applications will not be processed until required documents are submitted. It is recommended that you retain a copy of all submitted documents for your records.

Remember: It is no longer necessary to apply at more than one agency for DBE certification under 49 CFR Part 26. If your firm meets the criteria for certification, it will be entered into the DBE Directory which is used by all U.S. DOT recipients and grantees in Oklahoma. Only firms currently certified as eligible DBEs may participate in the DBE programs of U.S. DOT recipients and grantees of Oklahoma.

For Out-of-State Firms: The Oklahoma UCP will not process a new application for DBE certification from a firm having its principal place of business in another state unless the firm has already been certified in that state. If your firm is located outside of Oklahoma and is currently certified as a DBE under 49 CFR Part 26 in your home state, please forward your completed certification packet, along with copies of your certification letter to the Oklahoma Department of Transportation.

ODOT will evaluate the information contained in the application, along with the facts learned during the on-site review to determine if your firm meets the eligibility criteria to qualify as a DBE.

You will be notified of the decision by letter. If the application is approved and you are certified as a DBE, your business will be added to the OUCP’s directory of certified DBEs. It will also give a brief description of the type of work you are certified to perform under the program. The directory of certified DBEs can be found on ODOT’s website at <http://www.okladot.state.ok.us>.

Denials/Appeals Process: If you are denied certification, you may request, in writing, a reconsideration of your application within 15 days of receipt of the letter of denial. When a firm is denied certification, you may not reapply for certification for a time period of 12 months from the firm’s receipt of the denial letter.

You may also appeal the denial of certification to the U.S. Department of Transportation within 90 days from the date you were notified that certification was denied. You should address your correspondence to the following:

**U.S. Department of Transportation
Office of Civil Rights
400 Seventh Street, SW, Room 2401
Washington, DC 20590**

APPENDIX A DEFINITION OF TERMS

Affiliation - has the same meaning the term has in the Small Business Administration (SBA) regulations, 13 CFR Part 121. Concerns are affiliates of each other when, either directly or indirectly; one concern controls or has the power to control the other; or an identity of interest between or among parties exists such that affiliation may be found. In determining whether affiliation exists, it is necessary to consider all appropriate factors, including common ownership, common management, and contractual relationships. Affiliates must be considered together in determining whether a concern meets small business size criteria and the statutory cap on the participation of firms in the DBE program. Affiliation may also affect the issues of management, ownership, and control.

Compliance - means that a recipient has correctly implemented the requirements of this part.

Contract - means a legally binding relationship obligating a seller to furnish supplies or services (including, but not limited to, construction and professional services) and the buyer to pay for them.

Contractor - means one who participates, through a contract or subcontract (at any tier), in a DOT-assisted highway, transit, or airport project.

Disadvantaged Business Enterprise or DBE - means a for profit small business concern that is at least 51 percent owned by one or more individuals who are both socially and economically disadvantaged or, in the case of a corporation, in which 51 percent of the stock is owned by one or more such individuals, and whose management and daily business operations are controlled by one or more of the socially and economically disadvantaged individuals who own it.

DOT/SBA Memorandum of Understanding, or MOU - refers to the agreement signed on November 23, 1999, between the U.S. Department of Transportation (DOT) and the Small Business Administration (SBA) streamlining certification procedures for participation in the SBA's 8(a) Business Development (8(a) BD) and Small Disadvantaged Business (SDB) programs, and DOT's Disadvantaged Business Enterprise (DBE) program for small and disadvantaged businesses.

Good faith efforts - mean efforts to achieve a DBE goal or other requirement which, by their scope, intensity, and appropriateness to the objective, can reasonably be expected to fulfill the program requirement.

Immediate family member - means father, mother, husband, wife, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, mother-in-law, or father-in-law.

Indian Tribe - means any Indian tribe, band, nation, or other organized group or community of Indians, including any ANC, which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians, or is recognized as such by the State in which the tribe, band, nation, group, or community resides.

Joint venture - means an association of a DBE firm and one or more other firms to carry out a single, for profit business enterprise, for which the parties combine their property, capital, efforts, skills and knowledge, and in which the DBE is responsible for a distinct, clearly defined portion of the work of the contract and whose share in the capital contribution, control, management, risks, and profits of the joint venture are commensurate with its ownership interest.

Native Hawaiian - means any individual whose ancestors were natives, prior to 1778, of the area which now comprises the State of Hawaii.

Personal Net Worth - means 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.

Primary industry classification - means the North American Industrial Classification System (NAICS) designation which best describes the primary business of a firm.

Principal place of business - means the business location where the individuals who manage the firm's day-to-day operations spend most working hours and where top management's business records are kept. If the offices from which management is directed and where business records are kept are in different locations, the recipient will determine the principal place of business for DBE program purposes.

Race-conscious - measure or program is one that is focused specifically on assisting only DBEs, including women-owned DBEs.

Race-neutral - measure or program is one that is, or can be, used to assist all small businesses. For the purposes of this part, race-neutral includes gender-neutrality.

Recipient - means any entity, public or private, to which DOT financial assistance is extended, whether directly or through another recipient, through the programs of the FAA, FHWA, or FTA, or who has applied for such assistance.

SBA certified firm - refers to firms that have a current, valid certification from or recognized by the SBA under the 8(a) BD or SDB programs.

Small Business Concern - means, with respect to firms seeking to participate as DBEs in DOT-assisted contracts, a small business concern as defined pursuant to section 3 of the Small Business Act and SBA regulations implementing it (13 CFR Part 121) that also does not exceed the cap on average annual gross receipts specified in 49 CFR Part 26.65(b).

Socially and Economically Disadvantaged Individual - means any individual who is a citizen (or lawfully admitted permanent resident) of the United States and who is an individual that a recipient finds to be a socially and economically disadvantaged individual on a case-by-case basis; any individual in the following groups, members of which are rebuttably presumed to be socially and economically disadvantaged: Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, Subcontinent Asian Americans, Women, and any additional groups whose members are designated as socially and economically disadvantaged by the SBA, at such time as the SBA designation becomes effective.

Tribally-owned concern - means any concern at least 51 percent owned by an Indian tribe as defined in this section.

Nature of Business: Check the type of work that your business performs. Should your firm's type of work not be listed, indicate service provided.

Construction Services

200 Grade and Drain

- Clearing and grubbing
- Excavation and embankment
- Machine Grading
- Salvaging topsoil
- Other _____

200 Erosion and Sediment Control

- Temporary Sediment Control
 - Slope Drains
 - Bale Barriers
 - Silt Fence and Silt Dike
 - Filters
 - Control Basins
- Ditchliner Protection
- Sodding and sprigging
- Seeding
- Mulching
- Fertilizing
- Mowing
- Watering

300 Bases

- Aggregate base
- Subbase
- Lime treated subgrade
- Rolling and sprinkling
- Processing existing base and surface
- Fly ash modified subgrade
- Econocrete base
- Bituminous base
- Other _____

400 Surfaces

- Asphalt concrete pavement
- Portland cement concrete pavement
- Cold milling pavement
- Concrete joint rehabilitation
- Traffic bound surface course
- Bituminous surface treatment
- Tack coat
- Prime coat
- Rumblestrip
- Diamond grinding
- Other _____

500 Structures

- _____ Bridge decks
- _____ Concrete culverts
- _____ Earth retaining systems and sound barrier walls
- _____ Driven foundation piles
- _____ Penetrating water repellent treatment
- _____ Drilling shaft foundations
- _____ Concrete repair
- _____ Painting
- _____ Timber structures
- _____ Tie reinforcing steel
- _____ Other

600 Incidental construction

- _____ Riprap
- _____ Gabions
- _____ Curb and gutter, sidewalks, driveways, etc.
- _____ Manholes, drop or curb inlets, and junction boxes
- _____ Removal of structures and obstructions
- _____ Pipe railing
- _____ Guardrail
- _____ Fences
- _____ Monuments
- _____ Concrete median barrier
- _____ Edge drain
- _____ Other _____

642 Contractor construction staking

700 Material Supplier - list below *

800 Traffic Control

- _____ Highway lighting, signals, and signing - electrical
- _____ Signs- non-electrical
- _____ Delineators
- _____ Traffic Stripe (Paint)
- _____ Traffic Stripe (Plastic)
- _____ Construction Zone Pavement Markings
- _____ Construction Signing and Traffic Control
- _____ Other _____

Manufacturer - list below *

Trucking - list below

Other services, not listed *

* See Nature of Business Page 4

Professional Services

Engineering

- Civil Engineering
- Electrical Engineering
- Geotechnical Engineering
- Environmental Engineering
- Other

Architectural

- Landscape Architecture
- Architectural Engineering

Accounting

- Accounting

Right-of-Way

- Acquisition
- Appraisal
- Relocation
- Utility
- Engineering

Other Professional Services - list below

Below indicate the geographic area in which your firm is willing to work

Facilities That Must Be Approved or Pre-certified by the **ODOT Materials Division** to Provide Materials on ODOT Projects

Reinforcing Steel Fabricators
Structural Steel Fabricators
Reinforcing Steel Epoxy Coaters/Fabricators
Aluminum Sign Structure Fabricators
Precast Concrete Pipe & Box Suppliers
Precast Concrete Structure Suppliers
Precast/Prestressed Concrete Beam Suppliers
Corrugated Galvanized Metal Pipe Fabricators
Plastic (Polythene) Drainage Pipe Manufacturers
Hydraulic Cement Plants
Fly Ash Suppliers
Ground Granulated Blast Furnace Slag Suppliers
Coarse Aggregate Quarries
Fine Aggregate/Sand Pit Suppliers
Asphalt Binders

Facilities That Must Be Approved or Pre-certified by a **Residency Office** to Provide Materials on ODOT Projects

Ready-Mix Concrete Suppliers
Asphalt Concrete Suppliers

Category of Work That Must Be Approved or Pre-Certified by the **Materials Division** Prior to Performing Work on ODOT Projects

All Field Welders
Private Testing Laboratories

**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 \$17.42 million in gross annual receipts?
- Is your firm organized as a for-profit business?

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

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 SIC codes)
- 49 CFR Part 26 (the rules and regulations governing the DBE program)

Under Sec. 26.107 of 49 CFR Part 26, dated February 2, 1999, if at any time, the Department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Department may initiate suspension or debarment proceedings against the person or firm under 49 CFR Part 29, take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

Is your firm currently certified for any of the following programs? <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? <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 <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 (if any):
(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 <i>(check all that apply)</i> : <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other, Describe: _____	
(8) Has your firm ever existed under different ownership, a different type of ownership, or a different name?	

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

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

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

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

D. Immediate Family Member Businesses

Do any of your immediate family members own or manage another company? Yes No

If Yes, then list (*attach extra sheets, if needed*):

<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>):	
(7) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic <input type="checkbox"/> Native American
(8) Lawfully Admitted Permanent Resident:	<input type="checkbox"/> Asian Pacific	<input type="checkbox"/> Subcontinent Asian
<input type="checkbox"/> Yes <input type="checkbox"/> No	<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:	<u>Type</u>	<u>Dollar Value</u>		
(3) Percentage owned:		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 (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Name of Business: _____ Function/Title: _____ 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? (Use and attach the Personal Financial Statement form at the end of this application; attach additional sheets if more than one owner is applying)
(2) Has any trust been created for the benefit of this disadvantaged owner(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain (attach additional sheets if needed):

Section 4: CONTROL

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

	Name	Title	Date Appointed	Ethnicity	Gender
(1) Officers of the Company	(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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.)? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____

(2) Bonding Information: If you have bonding capacity, identify: (a) Binder No: _____
 (b) Name of agent/broker _____ (c) Phone No: () _____
 (d) Address of agent/broker: _____ City: _____ State: _____ Zip: _____
 (e) Bonding limit: Aggregate limit \$ _____ Project limit \$ _____

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

Name of Source	Address of Source	Name of Person Securing the Loan	Original Amount	Current Balance	Purpose of Loan
1.					
2.					
3.					

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

Contribution/Asset	Dollar Value	From Whom Transferred	To Whom Transferred	Relationship	Date of Transfer
1.					
2.					
3.					

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

Name of License/Permit Holder	Type of License/Permit	Expiration Date	License Number and State
1.			
2.			
3.			

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

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

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

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

AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized for each owner upon which disadvantaged status is relied.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PEALTIES 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 places(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

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

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

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

I 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 \$750,000, 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: _____

NOTARY CERTIFICATE:

DBE UNIFORM CERTIFICATION APPLICATION SUPPORTING DOCUMENTS CHECKLIST

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

Applicants

- Work experience resumes (that include places of ownership/employment with corresponding dates), for all owners and officers of your firm
- Personal Financial Statement (form available with this application)
- Personal tax returns for the past three years, if applicable, for each owner claiming disadvantaged status. Include all schedules and W2's.
- Your firm's tax returns (gross receipts) and all related schedules for the past three years
- Documented proof of contributions that clearly shows the source of funds 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 and income statement.
- 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.
- Current Payroll
- Proof of liability insurance and workers' compensation insurance, if applicable.

Partnership or Joint Venture

- Original and any amended Partnership or Joint Venture Agreements

Corporation or LLC

- Official Certificate of Incorporation (*signed by the state official*), and Articles of Incorporation filed with the State.
- 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

Civil Rights Office
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)	\$ _____	Total Liabilities \$ _____	
Other Assets (Describe in Section 4)	\$ _____		
Total Assets	\$ _____	Net Worth <i>(Total Assets minus Total Liabilities)</i>	\$ _____

Source of Income	Contingent Liabilities
Salary	\$ _____
Net Investment Income	\$ _____
Real Estate Income	\$ _____
Other Income	\$ _____
	\$ _____

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 C	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 _____