



**Maryland Department of Transportation**

**SMALL BUSINESS ENTERPRISE (SBE) PROGRAM  
CERTIFICATION APPLICATION**

49 C.F.R. PART 26.39

Return completed application to the address below:

Maryland Department of Transportation  
7201 Corporate Center Dr.  
Hanover, MD 21076  
1-410-865-1269  
1-800-544-6056

**COMPLETE ALL ITEMS**  
If an item does not apply, mark  
"N.A."  
Use separate sheet(s) for  
Additional information

**ROADMAP FOR APPLICANTS**

**\*\*If you are MDOT certified as a Disadvantaged Business Enterprise (DBE), you are automatically certified as an SBE and DO NOT need to apply.**

**Should I apply?**

- Is your firm at least 51% owned by an individual(s) who meets the **DBE** Personal Net Worth threshold of **\$1.32 million**?
  - Is the 51% 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) size standard and does not exceed \$23.98 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 MDOT SBE program.

**Be sure to attach all of the required documents listed in the Document Checklist at the end of this form with your completed 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 for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.

**Contact Information:**

<p><b>(1) CONTACT PERSON</b></p> <p>Name: _____</p> <p>Title: _____</p>	<p><b>(2) Phone Number:</b> _____</p> <p><b>(3) Other Phone:</b> _____</p>
<p><b>(4) Legal name of firm:</b> _____</p> <p><b>(5) Fax #:</b> _____ <b>(6) E-mail:</b> _____</p> <p><b>(7) Website (if you have one):</b> _____</p> <p><b>(8) Street address of firm (No P.O.Boxes)</b></p> <p>Address1: _____ City: _____ County: _____</p> <p>Address2: _____ State: _____ Zip Code: _____</p> <p><b>(9) Mailing address of firm (if different):</b></p> <p>Address1: _____ City: _____ County: _____</p> <p>Address2: _____ State: _____ Zip Code: _____</p>	

**Business Profile:** 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.)**

<p><b>(1) Describe the primary activities of your firm (include NAICS CODE(s) if known):</b> _____</p> <p>_____</p> <p>_____</p> <p><b>(2) Federal Tax ID (if any):</b> _____</p>												
<p><b>(3) This firm was established on (Date):</b> _____</p> <p><b>(4) I/We have owned this firm since (Date):</b> _____</p>												
<p><b>(5) Business Structure:</b></p> <p><input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Limited Liability Partnership</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Partnership</p> <p><b>** (If you are SBA certified, SKIP question (6) below. And provide a copy of your current approval documents.)</b></p>												
<p><b>(6) Gross Receipts and Employment Levels:</b> (Most recent 3 years, provide the gross receipts figures as they were reported on the federal income tax returns. Also, provide the total number of employees that were reported on the business federal and state employer's quarterly reports for each of the respective tax filing reporting periods).</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black; padding: 5px;"><u>Tax Filing Year</u></th> <th style="text-align: left; border-bottom: 1px solid black; padding: 5px;"><u>Gross Receipts</u></th> <th style="text-align: left; border-bottom: 1px solid black; padding: 5px;"><u># Employees</u></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">1. _____</td> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">2. _____</td> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">3. _____</td> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> </tr> </tbody> </table>	<u>Tax Filing Year</u>	<u>Gross Receipts</u>	<u># Employees</u>	1. _____	_____	_____	2. _____	_____	_____	3. _____	_____	_____
<u>Tax Filing Year</u>	<u>Gross Receipts</u>	<u># Employees</u>										
1. _____	_____	_____										
2. _____	_____	_____										
3. _____	_____	_____										

**Ownership:** (provide information for all owners.) For additional space, attach a continuation sheet in the format below:

(1)	<u>Name (First, MI, Last)</u>	<u>Title</u>	<u>% of Ownership</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**(2) Primary Owner (51% ownership):**  
**CITIZESHIP:**  
 U.S. Citizen       Lawfully Admitted Permanent Resident

**(3) Personal Net Worth:** For 51% owner(s), complete and attach the Personal Financial Statement at the end of this application. Attach additional sheets if more than one owner is applying.

<b><u>Name of 51% Owner(s):</u></b>	<b><u>Personal Net Worth (PNW)</u></b>
_____	\$ _____
_____	\$ _____

**FOR OUTREACH AND STATISTICAL PURPOSES ONLY**

<p><b>(4 a) 51% ownership(s):</b> Check all that apply</p> <p> <input type="checkbox"/> African-American    <input type="checkbox"/> Alaskan Native    <input type="checkbox"/> Hispanic    <input type="checkbox"/> Asian Pacific  <input type="checkbox"/> Native American    <input type="checkbox"/> Subcontinent Asian    <input type="checkbox"/> White  <input type="checkbox"/> Other Ethnic or Racial Group _____         </p>	<p><b>(4 b) Gender:</b></p> <p> <input type="checkbox"/> Male  <input type="checkbox"/> Female         </p>
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**AFFIDAVIT OF CERTIFICATION**

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

**A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.**

I \_\_\_\_\_ (full name printed), swear or affirm under penalty of law that I am \_\_\_\_\_ (title) of applicant firm \_\_\_\_\_ (firm name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

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

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its 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 certify my personal net worth does not exceed \$1,320,000 and my Personal Net worth Statement has been included.

If 51% owner, check box and submit Personal Financial Statement.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Executed on \_\_\_\_\_ (Date)

Signature \_\_\_\_\_  
(DBE Applicant)

Do not sign this Affidavit of Certification with an electronic or digital signature. The Affidavit of Certification requires an original signature that has been properly notarized. It should be submitted with a complete application including all required supporting documentation.

**NOTARY CERTIFICATE**

City/Country of \_\_\_\_\_ in the State of \_\_\_\_\_

The foregoing instrument was subscribed and sworn before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By \_\_\_\_\_ (name of person/SBE applicant)

\_\_\_\_\_  
Notary Signature                      Notary Registration # \_\_\_\_\_

My Commission expires: \_\_\_\_\_



U.S. Department of  
Transportation

**Personal Net Worth Statement  
For DBE/ACDBE Program Eligibility**

As of \_\_\_\_\_

OMB APPROVAL NO:  
EXPIRATION DATE:

This form is used by all participants in the U.S. Department of Transportation's Disadvantaged Business Enterprise (DBE) Programs. Each individual owner of a firm applying to participate as a DBE or ACDBE, whose ownership and control are relied upon for DBE certification must complete this form. Each person signing this form authorizes the Unified Certification Program (UCP) recipient to make inquiries as necessary to verify the accuracy of the statements made. The agency you apply to will use the information provided to determine whether an owner is economically disadvantaged as defined in the DBE program regulations 49 C.F.R. Parts 23 and 26. **Return form to appropriate UCP certifying member, not U.S. DOT.**

Name		Business Phone
Residence Address (As reported to the IRS) City, State and Zip Code		Residence Phone
Business Name of Applicant Firm		
Spouse's Full Name (Marital Status: Single, Married, Divorced, Union)		

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash and Cash Equivalents	\$		Loan on Life Insurance (Complete Section 5)	\$	
Retirement Accounts (IRAs, 401Ks, 403Bs, Pensions, etc.) (Report full value minus tax and interest penalties that would apply if assets were distributed today) (Complete Section 3)	\$		Mortgages on Real Estate Excluding Primary Residence Debt (Complete Section 4)	\$	
Brokerage, Investment Accounts	\$		Notes, Obligations on Personal Property (Complete Section 6)	\$	
Assets Held in Trust	\$		Notes & Accounts Payable to Banks and Others (Complete Section 2)	\$	
Loans to Shareholders & Other Receivables (Complete section 6)	\$		Other Liabilities (Complete Section 8)	\$	
Real Estate Excluding Primary Residence (Complete Section 4)	\$		Unpaid Taxes (Complete Section 8)	\$	
Life Insurance (Cash Surrender Value Only) (Complete Section 5)	\$				
Other Personal Property and Assets (Complete Section 6)	\$				
Business Interests Other Than the Applicant Firm (Complete Section 7 )	\$				
Total Assets	\$		Total Liabilities	\$	
			<b>NET WORTH</b>		

**Section 2. Notes Payable to Banks and Others**

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

**Section 3. Brokerage and custodial accounts, stocks, bonds, retirement accounts. (Full Value) (Use attachments if necessary).**

Name of Security / Brokerage Account / Retirement Account	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

**Section 4. Real Estate Owned (Including Primary Residence, Investment Properties, Personal Property Leased or Rented for Business Purposes, Farm Properties, or any Other Income Producing property). (List each parcel separately. Add additional sheets if necessary).**

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

**Section 5. Life Insurance Held (Give face amount and cash surrender value of policies, name of insurance company and beneficiaries).**

Insurance Company	Face Value	Cash Surrender Amount	Beneficiaries	Loan on Policy Information

Section 6. Other Personal Property and Assets (Use attachments as necessary)				
Type of Property or Asset	Total Present Value	Amount of Liability (Balance)	Is this asset insured?	Lien or Note amount and Terms of Payment
Automobiles and Vehicles (including recreation vehicles, motorcycles, boats, etc.) Include personally owned vehicles that are leased or rented to businesses or other individuals.				
Household Goods / Jewelry				
Other (List)				
Accounts and Notes Receivables				
Section 7. Value of Other Business Investments, Other Businesses Owned (excluding applicant firm) Sole Proprietorships, General Partners, Joint Ventures, Limited Liability Companies, Closely-held and Public Traded Corporations				
Section 8. Other Liabilities and Unpaid Taxes (Describe)				
Section 9. Transfer of Assets: Have you within 2 years of this personal net worth statement, transferred assets to a spouse, domestic partner, relative, or entity in which you have an ownership or beneficial interest including a trust? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe.				
<p>I declare under penalty of perjury that the information provided in this personal net worth statement and supporting documents is complete, true and correct. I certify that no assets have been transferred to any beneficiary for less than fair market value in the last two years. I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application and this personal net worth statement, and I authorize such agency to contact any entity named in the application or this personal financial statement, including the names banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility. I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.</p>				
_____ Signature (DBE/ACDBE Owner)		_____ Date		
<b>NOTARY CERTIFICATE:</b> (Insert applicable state acknowledgment, affirmation, or oath)				
In collecting the information requested by this form, the Department of Transportation complies with Federal Freedom of Information and Privacy Act (5 U.S.C. 552 and 552a) provisions. The Privacy Act provides comprehensive protections for your personal information. This includes how information is collected, used, disclosed, stored, and discarded. Your information will not be disclosed to third parties without your consent. The information collected will be used solely to determine your firm's eligibility to participate in the Disadvantaged Business Enterprise (DBE) Program or Airport Concessionaire DBE Programs as defined in 49 C.F.R. Parts 23 and 26. You may review DOT's complete Privacy Act Statement in the Federal Register published on April 11, 2000 (65 FR 19477).				



## General Instructions for Completing the Personal Net Worth Statement for DBE/ACDBE Program Eligibility

Please do not make adjustments to your figures pursuant to U.S. DOT regulations 49 C.F.R. Parts 23 and 26. The agency that you apply to will use the information provided on your completed Personal Net Worth (PNW) Statement to determine whether you meet the economic disadvantage requirements of 49 C.F.R. Parts 23 and 26. If there are discrepancies or questions regarding your form, it may be returned to you to correct and complete again.

An individual's personal net worth according to 49 C.F.R. Parts 23 and 26 includes only his or her own share of assets held separately, jointly, or as community property with the individual's spouse and excludes the following:

- Individual's ownership interest in the applicant firm;
- Individual's equity in his or her primary residence;
- Tax and interest penalties that would accrue if retirement savings or investments (e.g., pension plans, Individual Retirement Accounts, 401(k) accounts, etc.) were distributed at the present time.

Indicate on the form, if any items are jointly owned. If the personal net worth of the majority owner(s) of the firm exceeds \$1.32 million, as defined by 49 C.F.R. Parts 23 and 26, the firm is not eligible for DBE or ACDBE certification. If the personal net worth of the majority owner(s) exceeds the \$1.32 million cap at any time after your firm is certified, the firm is no longer eligible for certification. Should that occur, it is your responsibility to contact your certifying agency in writing to advise that your firm no longer qualifies as a DBE or ACDBE. You must fill out all line items on the Personal Net Worth Statement.

If necessary, use additional sheets of paper to report all information and details. If you have any questions about completing this form, please contact one of the UCP certifying agencies.

### Assets

All assets must be reported at their current fair market values as of the date of your statement. *Assessor's assessed value for real estate, for example, is not acceptable.* Assets held in a trust should be included.

**Cash and Cash Equivalents:** On page 1, enter the total amount of cash or cash equivalents in bank accounts, including checking, savings, money market, certificates of deposit held domestic or foreign. Provide copies of the bank statement.

**Retirement Accounts, IRA, 401Ks, 403Bs, Pensions:** On page 1, enter the full value minus tax and interest penalties that would apply if assets were distributed as of the date of the form. Describe the number of shares, name of securities, cost market value, date of quotation, and total value in section 3 on page 2.

**Brokerage and Custodial Accounts, Stocks, Bonds, Retirement Accounts:** Report total value on page 1, and on page 2, section 3, enter the name of the security, brokerage account, retirement account, etc.; the cost; market value of the asset; the date of quotation; and total value as of the date of the PNW statement.

**Assets Held in Trust:** Enter the total value of the assets held in trust on page 1, and provide the names of beneficiaries and trustees, and other information in Section 6 on page 3.

**Loans to Shareholders and Other Receivables not listed:** Enter amounts loaned to you from your firm, from any other business entity in which you hold an ownership interest, and other receivables not listed above. Complete Section 6 on page 3.

**Real Estate:** The total value of real estate excluding your primary residence should be listed on page 1. In section 4 on page 2, please list your primary residence in column 1, including the address, method of acquisition, date of acquired, names of deed, purchase price, present fair market value, source of market valuation, names of all mortgage holders, mortgage account number and balance, equity line of credit balance, and amount of payment. List this information for all real estate held. Please ensure that this section contains all real estate owned, including rental properties, vacation properties, commercial properties, personal property leased or rented for business purposes, farm properties and any other income producing properties, etc. Attach additional sheets if needed.

**Life Insurance:** On page 1, enter the cash surrender value of this asset. In section 5 on page 2, enter the name of the insurance company, the face value of the policy, cash surrender value, beneficiary names, and loans on the policy.

**Other Personal Property and Assets:** Enter the total value of personal property and assets you own on page 1. Personal property includes motor vehicles, boats, trailers, jewelry, furniture, household goods, collectibles, clothing, and personally owned vehicles that are leased or rented to businesses or other individuals. In section 6 on page 3, list these assets and enter the present value, the balance of any liabilities, whether the asset is insured, and lien or note information and terms of payments. For accounts and notes receivable, enter the total value of all monies owed to you personally, if any. This should include shareholder loans to the applicant firm, if those exist. If the asset is insured, you may be asked to provide a copy of the policy. You may also be asked to provide a copy of any liens or notes on the property.

**Other Business Interests Other than Applicant Firm:** On page 1, enter the total value of your other business investments (excluding the applicant firm). In section 7 on page 3, enter information concerning the businesses you

hold an ownership interest in, such as sole proprietorships, partnerships, joint ventures, corporations, or limited liability corporations (other than the applicant firm). Do not reduce the value of these entries by any loans from the outside firm to the DBE/ACDBE applicant business.

### **Liabilities**

**Mortgages on Real Estate:** Enter the total balance on all mortgages payable on real estate on page 1.

**Loans on Life Insurance:** Enter the total value of all loans due on life insurance policies on page 1, and complete section 5 on page 2.

**Notes & Accounts Payable to Bank and Others:** On page 1, section 2, enter details concerning any liability, including name of noteholders, original and current balances, payment terms, and security/collateral information. The entries should include automobile installment accounts. This should not, however, include any mortgage balances as this information is captured in section 4. Do not include loans for your business or mortgages for your properties in this section. You may be asked to submit copy of note/security agreement, and the most recent account statement.

**Other Liabilities:** On page 1, enter the total value due on all other liabilities not listed in the previous entries. In section 8, page 3, report the name of the individual obligated, names of co-signers, description of the liability, the name of the entity owed, the date of the obligation, payment amounts and terms. Note: Do not include contingent liabilities in this section. Contingent liabilities are liabilities that belong to you only if an event(s) should occur. For example, if you

have co-signed on a relative's loan, but you are not responsible for the debt until your relative defaults, that is a contingent liability. Contingent liabilities do not count toward your net worth until they become actual liabilities.

**Unpaid Taxes:** Enter the total amount of all taxes that are currently due, but are unpaid on page 1, and complete section 8 on page 3. Contingent tax liabilities or anticipated taxes for current year should not be included. Describe in detail the name of the individual obligated, names of co-signers, the type of unpaid tax, to whom the tax is payable, due date, amount, and to what property, if any, the tax lien attaches. If none, state "NONE." You must include documentation, such as tax liens, to support the amounts.

### **Transfers of Assets:**

**Transfers of Assets:** If you checked the box indicating yes on page 3 in this category, provide details on all asset transfers (within 2 years of the date of this personal net worth statement) to a spouse, domestic partner, relative, or entity in which you have an ownership or beneficial interest including a trust. Include a description of the asset; names of individuals on the deed, title, note or other instrument indicating ownership rights; the names of individuals receiving the assets and their relation to the transferor; the date of the transfer; and the value or consideration received. Submit documentation requested on the form related to the transfer.

### **Affidavit**

Be sure to sign and date the statement. The Personal Net Worth Statement must be notarized





## **SMALL BUSINESS ENTERPRISE (SBE) DOCUMENT CHECKLIST**

### **All Applicants**

- 1. Completed SBE certification application.
- 2. Completed SBE Affidavit of Certification.
- 3. Proof of U.S. citizenship in the form of a U.S. Passport or Permanent Resident Card or Certificate of Naturalization or birth certificate and government issued photo identification (e.g. driver's license).
- 4. Completed Personal (Financial) Net Worth Statement for all owners, constituting 51% ownership.
- 5. Complete **Signed** copies of personal **federal** tax returns for the past three (3) years for each owner constituting 51% ownership. Include all schedules.
- 6. Complete **Signed** copies of business **federal** tax returns for the past three (3) years. Include all schedules.
- 7. Year-end financial statements of the business for the past three (3) years or life of the firm if less than three years. A new business must provide a current financial statement. Non-CPA statements are acceptable.
- 8. A Certificate of Good Standing from the Maryland Department of Assessments and Taxation ([www.dat.state.md.us](http://www.dat.state.md.us)) is required for all certified firms (Corp.-LLC.-Part.). If not submitted with the application package, proof of good standing must be provided prior to certification.

### **Additional Documents For Corporation:**

- 9. Official Articles of Incorporation (signed by the state official).
- 10. Both sides of all corporate stock certificates and your firm's stock transfer ledger.
- 11. Minutes of **all** Stockholders and Board of Directors meetings.
- 12. Corporate By-laws and any amendments.

**Additional Documents For Limited Liability Company:**

- 13. Copy of the firm's official Articles of Organization signed by the State official.
- 14. Copy of the original and amended Operating Agreement.

**Additional Document(s) For Partnership:**

- 15. Original and any amended Partnership Agreement.