



Maryland Department of Transportation

RETURN APPLICATION TO:
Office of Minority Business Enterprise
Maryland Dept. of Transportation
7201 Corporate Center Drive
P.O. Box 548
Hanover, MD 21076
410-865-1269 or 1-800-544-6056

DISADVANTAGED BUSINESS ENTERPRISE PROGRAM 49 C.F.R. PART 23

UNIFORM CERTIFICATION APPLICATION AIRPORT CONCESSIONS

ROADMAP FOR APPLICANTS

- **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 Federal Aviation Administration (FAA) size standard and does not exceed \$47.78 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 ACDBE program.
- **Be sure to attach all of the required documents listed in the Documents Checklist at the end of this form with your completed application.**
- **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 ACDBE program, questions and answers, and other pertinent information)
 - SBA – <http://www.ntis.gov/naics> (provides a listing of NAICS codes) and <http://www.sba.gov/size/indextableofsize.html> (provides a listing of NAICS codes)
 - 49 CFR Part 23 (the rules and regulations governing the ACDBE program)

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

Complete all items, if an item does not apply, mark “N.A.” Use separate sheet(s) for additional information.



A. Prior/Other Certifications

Section 1: CERTIFICATION INFORMATION

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

B. Prior/Other Applications and Privileges

Has your firm (under any name) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application for any of the programs listed above, or ever been denied certification, decertified, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity?

Yes, on Date: _____ No

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

A. Contact Information

Section 2: GENERAL INFORMATION

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

B. Business Profile

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



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

- Sole Proprietorship
- Partnership
- Corporation
- Limited Liability Partnership
- Limited Liability Corporation
- Joint-Venture
- Other, Describe: _____ Are you applying as an ACDBE? Yes No

(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 (street and number):		City: State: Zip:
(5) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	(6) Ethnic group membership (Check all that apply):	
(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 (specify) _____	

B. Ownership Interest

(1) Number of years as owner:	(2) Initial investment to acquire ownership interest in firm:	Type	Dollar Value		
(3) Percentage owned:		Cash	\$		
(4) Familial relationship to other owners:		Real Estate	\$		
		Equipment	\$		
		Other	\$		
(5) Shares of Stock:	<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 ACDBE 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 ACDBE 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? Yes No

If Yes, identify for each: Person: _____ Title: _____
 Business: _____ Function: _____

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

If Yes, identify for each: Firm Name: _____ Person: _____
 Nature of Business Relationship: _____

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

	Name	Title	Ethnicity	Gender
(1) Financial Decisions <i>(responsibility for acquisition of lines of credit, surety bonding, supplies)</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.			



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(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

Table with 4 columns: Type of Equipment, Make/Model, Current Value, Owned or Leased? Rows (a), (b), (c)

(2) Vehicles

Table with 4 columns: Type of Vehicle, Make/Model, Current Value, Owned or Leased? Rows (a), (b), (c)

(3) Office Space

Table with 3 columns: Street Address, Owned or Leased?, Current Value of Property or Lease Rows (a), (b), (c)

(4) Storage Space

Table with 3 columns: Street Address, Owned or Leased?, Current Value of Property or Lease Rows (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: _____



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

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.					



PERSONAL FINANCIAL STATEMENT

As of Date:

Name <input style="width:90%;" type="text"/> Residence Address <input style="width:90%;" type="text"/> City <input style="width:30%;" type="text"/> State <input style="width:10%;" type="text"/> Business Name of Applicant/Borrower <input style="width:80%;" type="text"/>	Business Phone <input style="width:80%;" type="text"/> Residence Phone <input style="width:80%;" type="text"/> Zip Code <input style="width:80%;" type="text"/>
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ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand & in Banks	<input type="text"/>	Accounts Payable	<input type="text"/>
Savings Accounts	<input type="text"/>	Notes Payable to Banks and Others..... (Describe in Section 2)	<input type="text"/>
IRA or Other Retirement Account	<input type="text"/>	Installment Account (Auto).....	<input type="text"/>
Accounts & Notes Receivable	<input type="text"/>	Mo. Payments <input style="width:100px;" type="text"/>	<input type="text"/>
Life Insurance-Cash Surrender Value Only	<input type="text"/>	Installment Account (Other).....	<input type="text"/>
(Complete Section 8)		Mo. Payments <input style="width:100px;" type="text"/>	<input type="text"/>
Stocks and Bonds	<input type="text"/>	Loan on Life Insurance	<input type="text"/>
(Describe in Section 3)		Mortgages on Real Estate	<input type="text"/>
(Do not include ownership interest in applicant firm.)		(Describe in Section 4)	
Real Estate	<input type="text"/>	(Do not include primary residence.)	
(Describe in Section 4)		Unpaid Taxes	<input type="text"/>
(Do not include primary residence.)		(Describe in Section 6)	
Automobile-Present Value	<input type="text"/>	Other Liabilities.....	<input type="text"/>
Other Personal Property	<input type="text"/>	(Describe in Section 7)	
Other Assets.....	<input type="text"/>	Total Liabilities.....	
(Describe in Section 5)		Net Worth	
Total.....			

Section 1. Source of Income	Contingent Liabilities
Salary.....	As Endorser or Co-Maker.....
Net investment Income.....	Legal Claims & Judgements.....
Real Estate Income.....	Provision for Federal Income Tax...
Other Income (Describe below)*	Other Special Debt.....

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes payable to Banks and Others. (Use attachments 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
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

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

Section 4. 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 _____			
Original Cost _____			
Present Market Value _____			
Name & Address of Mortgage Holder _____			
Mortgage Account Number _____			
Mortgage Balance _____			
Amount of Payment per Month/Year _____			
Status of Mortgage _____			

Section 5. 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)

[Empty text box for Section 5]

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

[Empty text box for Section 6]

Section 7. Other Liabilities. (Describe in detail.)

[Empty text box for Section 7]

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

[Empty text box for Section 8]

I authorized MDOT/MBE to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of their obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

* Signature: _____ Date: _____ Social Security Number: _____

* Signature: _____ Date: _____ Social Security Number: _____

REQUEST FOR THE EXEMPTION OF CERTAIN ENCUMBERED ASSETS

Under 49 CFR 23.3, ACDBEs may exclude from their personal net worth, "assets that the individual can document are necessary to obtain financing or a franchise agreement for the initiation or expansion of his or her ACDBE firm (or have in fact been encumbered to support existing financing for the individual's ACDBE business), to a maximum of \$3 million." If any of the assets you listed on the Personal Financial Statement meet this description, please list those assets below and include whatever documentation you have proving that the assets are encumbered. Be sure to list the exact amount of the asset that is encumbered. If the assets you list are targeted to finance the expansion of your business, but have not yet been formally or legally encumbered, please describe in detail the plans for expansion and the date at which such expansion will take place.

ASSET	ENCUMBRANCE	Proof/Document Provided	
		Yes	No

Signature _____ Date _____

Please Note: This information is sought in behalf of the Federal Aviation Administration. Knowingly and willfully providing false information to the Federal government is a violation of 18 U.S.C. Section 1001 (False Statements) and could subject you to fine, imprisonment or both.

On this _____ day of _____, _____, before me appeared _____, 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..

Notary Public

Commission Expires

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 concession lease or sublease, I agree to promptly and directly provide the prime concessionaire, 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 lease; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

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

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

I certify that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as an Airport Concession Disadvantaged Business Enterprise (ACDBE). 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 \$1,320,000, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

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

Executed on _____

Signature _____
(ACDBE 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/County of _____

In the State of _____

The foregoing instrument was subscribed and sworn before me

This _____ day of _____, 20 ____.

By _____ (name of person/ACDBE applicant)

_____ Notary Signature Notary Registration# _____

My Commission expires: _____