

RETURN AFFIDAVIT TO:
 MINORITY BUSINESS ENTERPRISE OFFICE
 MARYLAND DEPARTMENT OF TRANSPORTATION
 7201 CORPORATE CENTER DRIVE
 P.O. BOX 548
 CORPORATE CENTER DRIVE
 HANOVER, MARYLAND 21076
 410-865-1269
 1-800-544-6056



Maryland Department of Transportation

**MARYLAND DEPARTMENT OF TRANSPORTATION
 MINORITY BUSINESS ENTERPRISE DISCLOSURE AFFIDAVIT**

Complete all items, if an item does not apply, mark "N.A."

Use separate sheet(s) for additional information.

(Corporation, Partnership, or Limited Liability Company)

Application is hereby made by the organization identified below for certification as a Minority Business Enterprise under the MBE Program of the Maryland Department of Transportation pursuant to Title 14, Subtitle 3 of the State Finance and Procurement Article of the Annotated Code of Maryland and 49 Code of Federal Regulations Part 23.

<p>1. NAME AND ADDRESS</p> <p>Name _____</p> <p>dba _____</p> <p>Address1 _____</p> <p>Address 2 _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Email _____</p> <p>Internet Address _____</p>	<p>2. CONTROLLING INTEREST (check appropriate box)</p> <p><input type="checkbox"/> African American <input type="checkbox"/> Alaskan Native CITIZENSHIP</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/> U.S. Citizen</p> <p><input type="checkbox"/> Native American <input type="checkbox"/> *Non-Profit <input type="checkbox"/> Resident Alien</p> <p><input type="checkbox"/> Female <input type="checkbox"/> *Disabled</p> <p>* Not accorded minority status on Federally funded projects.</p>
---	--

<p>3. CONTACT PERSON</p> <p>Name _____</p> <p>Title _____</p> <p>Telephone _____ Fax _____</p>	<p>4. OWNER</p> <p>Name _____</p> <p>Title _____</p> <p>Telephone _____ Fax _____</p>
---	--

<p>5. LIST THE NAMES OF THE OFFICERS OF THE COMPANY</p> <p>PRESIDENT _____</p> <p>VICE PRESIDENT _____</p> <p>SECRETARY _____</p> <p>TREASURER _____</p> <p>OTHER _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">MINORITY</th> <th style="width:15%;">YES</th> <th style="width:15%;">NO</th> <th style="width:55%;">DATE ELECTED / APPOINTED</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </table>	MINORITY	YES	NO	DATE ELECTED / APPOINTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
MINORITY	YES	NO	DATE ELECTED / APPOINTED																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____																						

6. NAMES OF CURRENT BOARD OF DIRECTORS	MINORITY YES NO	DATE ELECTED	HOME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____

7. NAMES OF BOARD OF DIRECTORS IMMEDIATELY PRIOR TO CURRENT BOARD	MINORITY YES NO	DATE ELECTED	HOME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____

8. LIST PRODUCT(S)/ SERVICE(S) OFFERED, BE SPECIFIC: IF KNOWN, LIST STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE AND / NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE NUMBER FOR EACH ITEM LISTED.

9. TYPE OF OWNERSHIP? IF NOT A MARYLAND CORPORATION, SUBMIT COPY OF REGISTRATION IN MARYLAND AS A FOREIGN CORPORATION. (CHECK ONE)

Corporation _____ State _____
 Date Incorporated _____

Partnership _____
 Date of Agreement _____

Date of LLC Agreement _____

10. DOES YOUR COMPANY OWN MAJOR EQUIPMENT?

YES NO

List on a separate sheet, by type and quantity, major equipment owned.

DO NOT LIST RENTAL OR LEASED EQUIPMENT.

Is the equipment listed in your possession?

YES NO

FORM D-EEO-001A (JULY - 2003)
 A material misstatement of fact is sufficient cause for denial of certification. The affiant is subject to penalties for perjury and false statements made in the affidavit.

11. LIST NUMBER OF EMPLOYEES ON PAYROLL (DO NOT LIST EMPLOYEES TWICE)

	FULL-TIME	PART-TIME
ADMINISTRATIVE	_____	_____
CLERICAL	_____	_____
SUPERVISOR	_____	_____
EQUIPMENT OPERATOR	_____	_____
SKILLED LABORER	_____	_____
UNSKILLED LABORER	_____	_____

ARE EMPLOYEE PAYROLL REPORTS BEING FILED WITH:

STATE AGENCIES FEDERAL AGENCIES

PLEASE SUBMIT THE LAST FOUR (4) QUARTERLY REPORTS.

14. WHO DETERMINES WHAT JOBS THE COMPANY WILL UNDERTAKE?

NAME _____

TITLE _____

12. FEDERAL IDENTIFICATION NUMBER _____

SOCIAL SECURITY NUMBER _____

MD EMPLOYER NUMBER _____

13. HAVE YOU PREVIOUSLY APPLIED FOR OR BEEN MDOT:
 CERTIFIED DENIED (PLEASE CHECK)

TO APPLY FOR MDOT CERTIFICATION, YOU MUST BE CERTIFIED IN YOUR HOME STATE, PLEASE SUBMIT A COPY OF YOUR HOME STATE CERTIFICATION LETTER AND ON-SITE REPORT.

15. WHO WILL RESPONSIBLE FOR ON-SITE PROJECT SUPERVISION?

NAME _____

TITLE _____

16.	SHAREHOLDERS NAME	MINORITY		CLASS COMMON OR PREFERRED	NUMBER OF SHARES	VOTING PERCENTAGE	TOTAL COST	DATE OF OWNERSHIP
		YES	NO					
	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____

TOTAL NUMBER OF SHARES: _____ IS THIS A HOLDING OR SUBSIDIARY COMPANY? YES NO

ISSUED _____ IF YOUR FIRM IS OWNED IN FULL OR IN PART BY ANOTHER COMPANY, LIST ON A SEPARATE SHEET THE COMPANY'S SHAREHOLDERS TO INCLUDE PERCENTAGE OF OWNERSHIP INTEREST, AND THE OUTSTANDING _____ NAMES AND ADDRESSES OF DIRECTORS AND OFFICERS. IF MINORITIES, SO INDICATE.

17. LIST THE 3 LARGEST PROJECTS IN DOLLAR AMOUNTS COMPLETED BY YOUR BUSINESS DURING THE LAST THREE YEARS.

(1) A. PRIME CONTRACTOR

Name _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____

B. PROJECT IDENTIFICATION: _____

C. TOTAL DOLLAR AMOUNT OF MBE PORTION OF THIS PROJECT: _____
 YOUR SHARE OF THE MBE PORTION: _____

D. TYPE OF WORK PERFORMED (USE SIC AND NAICS CODES, IF KNOWN): _____

(2) A. PRIME CONTRACTOR

Name _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____

B. PROJECT IDENTIFICATION: _____

C. TOTAL DOLLAR AMOUNT OF MBE PORTION OF THIS PROJECT: _____
 YOUR SHARE OF THE MBE PORTION: _____

D. TYPE OF WORK PERFORMED (USE SIC AND NAICS CODES, IF KNOWN): _____

(3) A. PRIME CONTRACTOR

Name _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____

B. PROJECT IDENTIFICATION: _____

C. TOTAL DOLLAR AMOUNT OF MBE PORTION OF THIS PROJECT: _____
 YOUR SHARE OF THE MBE PORTION: _____

D. TYPE OF WORK PERFORMED (USE SIC AND NAICS CODES, IF KNOWN): _____

FORM D-EEO-001B (JULY 2003)

A material misstatement of fact is sufficient cause for denial of certification. The affiant is subject to penalties for perjury and false statements made in the affidavit.

18. LIST ALL SOURCES AND AMOUNTS OF MONEY LOANED TO THE CORPORATION

SOURCE	AMOUNT
_____	_____
_____	_____
_____	_____

20. HAS YOUR FIRM BEEN APPROVED BY THE FEDERAL SMALL BUSINESS ADMINISTRATION 8(a) PROGRAM? YES NO

IF YES, FURNISH A COPY OF APPROVAL LETTER

21. NAME, ADDRESS AND TELEPHONE NUMBER OF CPA OR ACCOUNTANT

Name _____
 Address _____
 City _____
 State _____ Zip Code _____
 Telephone _____

19. IDENTIFY YOUR CURRENT BONDING COMPANY AND BANK(S).
 BONDING COMPANY BANK AND ACCOUNT NUMBERS

_____	_____
_____	_____
_____	_____

23. WERE YOU ISSUED A PERFORMANCE BOND?
 YES NO IF YES, HOW MUCH? _____

22. NAME, ADDRESS AND TELEPHONE NUMBER OF ATTORNEY

Name _____
 Address _____
 City _____
 State _____ Zip Code _____
 Telephone _____

24. WHO NEGOTIATES AND SIGNS FOR SURETY BONDS AND WHO SIGNS FOR INSURANCE AND PAYROLL?

	NAME	TITLE
A. SURETY AND / OR PERFORMANCE BONDS	_____	_____
B. INSURANCE	_____	_____
C. PAYROLL	_____	_____

25. ALL ORAL AND TACIT AGREEMENTS SHALL BE REDUCED TO WRITING AND SUBMITTED WITH THIS AFFIDAVIT. IF THERE ARE NO WRITTEN, ORAL OR TACIT AGREEMENTS CONCERNING THE OPERATION OF THE COMPANY, PLEASE AFFIRM BY SIGNING BELOW.

"THERE ARE NO WRITTEN, ORAL OR TACIT AGREEMENTS CONCERNING THE OPERATION OF THE COMPANY BETWEEN ANY PERSONS ASSOCIATED WITH THE COMPANY"

 SIGNATURE OF APPLICANT

FREEDOM OF INFORMATION: THE RELEASE OF STATE DOCUMENTS IS GOVERNED BY THE APPROPRIATE FEDERAL AND STATE REGULATIONS.

FRAUD

A PERSON MAY NOT: FRAUDULENTLY OBTAIN, RETAIN, ATTEMPT TO OBTAIN OR RETAIN, OR AID ANOTHER IN FRAUDULENTLY OBTAINING OR RETAINING OR ATTEMPTING TO OBTAIN OR RETAIN CERTIFICATION AS A MINORITY BUSINESS ENTERPRISE FOR THE PURPOSE OF THIS SUBTITLE;

WILLFULLY MAKE A FALSE STATEMENT, WHETHER BY AFFIDAVIT, REPORT, OR OTHER REPRESENTATION, TO A STATE OFFICIAL OR EMPLOYEE FOR THE PURPOSE OF INFLUENCING THE CERTIFICATION OR DENIAL OF CERTIFICATION OF ANY ENTITY AS A MINORITY BUSINESS ENTERPRISE;

FRAUDULENTLY OBTAIN, ATTEMPT TO OBTAIN, OR AID ANOTHER PERSON IN FRAUDULENTLY OBTAINING OR ATTEMPTING TO OBTAIN, PUBLIC MONIES TO WHICH THE PERSON IS NOT ENTITLED UNDER THIS SUBTITLE.

ANY PERSON WHO VIOLATES THE PROVISIONS OF SUBSECTION IS GUILTY OF A FELONY AND UPON CONVICTION IS SUBJECT TO IMPRISONMENT FOR A PERIOD OF NOT MORE THAN 5 YEARS, OR FINE OF NOT MORE THAN \$10,000.00 OR BOTH.

A PERSON MAY NOT WILLFULLY MAKE FALSE STATEMENTS THAT ANY ENTITY IS OR IS NOT CERTIFIED AS A MINORITY BUSINESS ENTERPRISE FOR PURPOSES OF THIS SUBTITLE. ANY PERSON WHO VIOLATES THE PROVISIONS OF THIS SUBSECTION IS GUILTY OF A MISDEMEANOR AND UPON CONVICTION IS SUBJECT TO IMPRISONMENT FOR A PERIOD OF NOT MORE THAN 6 MONTHS, OR A FINE OF NOT MORE THAN \$500.00 OR BOTH. (TITLE 14, SECTION 14-308 OF THE STATE FINANCE AND PROCUREMENT ARTICLE OF THE ANNOTATED CODE OF MARYLAND)

I HAVE READ THE FRAUD STATUTE

 SIGNATURE OF APPLICANT

FORM D-EE0-001 (JULY - 2003)
 A material misstatement of fact is sufficient cause for denial of certification. The affiant is subject to penalties for perjury and false statements made in the affidavit.

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED: (AND ANY AMENDMENTS THERE TO) PLEASE CHECK EACH ITEM SUBMITTED/INCLUDED.

FOR A CORPORATION:

- A. DISCLOSURE AFFIDAVIT (NOTARIZED)
- B. CURRENT FINANCIAL STATEMENT (NO OLDER THAN ONE YEAR)
- C. COMPLETE FEDERAL TAX RETURNS FOR THE MOST CURRENT THREE YEARS (INCLUDING ALL SCHEDULES)
- D. CERTIFICATE OF INCORPORATION
- E. ARTICLES OF INCORPORATION
- F. MINUTES OF THE FIRST AND MOST RECENT ORGANIZATIONAL MEETINGS
- G. CORPORATE BY-LAWS
- H. COPY OF EACH STOCK CERTIFICATE ISSUED AND STOCK LEDGER
- I. PROOF OF STOCK OWNERSHIP i.e., CANCELLED CHECKS ALONG WITH APPLICABLE DEPOSIT SLIPS, OR IF THE FIRM HAS BEEN IN BUSINESS FOR MORE THAN FIVE YEARS, A WRITTEN NOTARIZED STATEMENT DESCRIBING HOW THE STOCK WAS ISSUED AND FOR WHAT CONSIDERATION. IF OTHER THAN MONETARY (YOU MUST INCLUDE THE NUMBER OF HOURS WORKED, PLACE A MONETARY VALUE ON THOSE HOURS, BE SPECIFIC REGARDING TYPE OF WORK PERFORMED).
- J. AGREEMENTS, SUCH AS RENTAL, FINANCIAL (WITH PROOF OF REPAYMENT), LEASE OR ANY OTHER TYPE OF FORMAL WRITTEN AGREEMENTS WHICH HAVE BEEN ENTERED INTO BETWEEN YOU AND ANOTHER PARTY OR PARTIES WHICH AFFECT THE OPERATION OF YOUR BUSINESS
- K. LICENSE TO DO BUSINESS, IF APPLICABLE (PROFESSIONAL, IF REQUIRED)
- L. PROOF OF MINORITY STATUS FOR ALL KEY PERSONNEL (e.g., COPY OF BIRTH CERTIFICATE, DRIVERS LICENSE, PASSPORT, CERTIFICATE OF NATURALIZATION)
- M. BUSINESS PLAN (IF IN BUSINESS LESS THAN ONE YEAR)
- N. TITLES, REGISTRATION AND CURRENT INSURANCE CARRIERS AND POLICY NUMBER FOR ALL VEHICLES OWNED BY THE COMPANY
- O. COPIES OF EACH MBE CERTIFICATION OR DENIAL OF CERTIFICATION BY OTHER AGENCIES OR JURISDICTIONS, IF APPLICABLE. IF NOT A MARYLAND BUSINESS, COPIES OF YOUR HOME STATE CERTIFICATION LETTER AND ON-SITE REPORT MUST ACCOMPANY YOUR REQUEST FOR MARYLAND CERTIFICATION
- P. RESUMES ON ALL KEY PERSONNEL (OFFICERS, DIRECTORS, SHAREHOLDERS) SHOWING EDUCATION, TRAINING AND EMPLOYMENT WITH DATES
- Q. YOUR FEDERAL ID NUMBER, YOUR SOCIAL SECURITY NUMBER:
- R. FURNISH COPIES OF AGREEMENTS RELATING TO:
 - STOCK OPTIONS
 - STOCKHOLDER AGREEMENTS
 - RESTRICTION ON THE DISPOSAL OF STOCK LOAN
 - AGREEMENTS
 - STOCKHOLDERS VOTING RIGHTS
 - OWNERSHIP OF VOTING SECURITIES
 - FACTS PERTAINING TO VALUE OF SHARES
- S. GENERAL BUSINESS INSURANCE INFORMATION
- T. LIST MAJOR EQUIPMENT OWNED BY TYPE AND QUANTITY
- U. QUARTERLY REPORTS FOR THE LAST FOUR QUARTERS
- V. COMPLETED PERSONAL NETWORTH FORM
- W. COMPLETED STATEMENT OF DISADVANTAGE

FOR A PARTNERSHIP

- A. DISCLOSURE AFFIDAVIT (NOTARIZED)
- B. PROOF OF CAPITAL INVESTED, i.e., CANCELLED CHECKS ALONG WITH APPLICABLE DEPOSIT SLIPS OR IF THE FIRM HAS BEEN IN BUSINESS FOR MORE THAN FIVE (5) YEARS A WRITTEN NOTARIZED STATEMENT DESCRIBING HOW THE BUSINESS WAS CAPITALIZED
- C. CURRENT FINANCIAL STATEMENT (NO OLDER THAN ONE YEARS)
- D. COMPLETE FEDERAL TAX RETURNS FOR THE MOST CURRENT THREE YEARS (INCLUDING ALL SCHEDULES)
- E. AGREEMENTS, SUCH AS RENTAL FINANCIAL (WITH PROOF OF REPAYMENT), LEASE OR ANY OTHER TYPE OF FORMAL WRITTEN AGREEMENTS WHICH HAVE BEEN ENTERED INTO BETWEEN YOU AND ANOTHER PARTY OR PARTIES WHICH AFFECT THE OPERATION OF YOUR BUSINESS
- F. LICENSE TO DO BUSINESS, IF APPLICABLE (PROFESSIONAL, IF REQUIRED)
- G. PROOF OF MINORITY STATUS (e.g., COPY OF BIRTH CERTIFICATE, DRIVERS LICENSE, PASSPORT, CERTIFICATE OF NATURALIZATION)
- H. BUSINESS PLAN (IF IN BUSINESS LESS THAN ONE YEAR)
- I. TITLES, REGISTRATION AND CURRENT INSURANCE CARRIERS AND POLICY NUMBERS FOR ALL VEHICLES OWNED BY THE COMPANY
- J. COPIES OF EACH MBE CERTIFICATION OR DENIAL OF CERTIFICATION BY OTHER AGENCIES OR JURISDICTIONS, IF APPLICABLE. IF NOT A MARYLAND BUSINESS, COPIES OF YOUR LETTER OF HOME STATE CERTIFICATION AND ON-SITE REPORT MUST ACCOMPANY YOUR REQUEST FOR MARYLAND CERTIFICATION.
- K. RESUMES ON ALL KEY PERSONNEL (OFFICERS, PARTNERS) SHOWING EDUCATION, TRAINING AND EMPLOYMENT WITH DATES
- L. PARTNERSHIP AGREEMENT INCLUDING BUY-OUT RIGHTS AND PROFIT SHARING AGREEMENTS
- M. YOUR FEDERAL ID NUMBER, YOUR SOCIAL SECURITY NUMBER
- N. GENERAL BUSINESS INSURANCE INFORMATION
- O. LIST OF MAJOR EQUIPMENT OWNED BY TYPE AND QUANTITY
- P. QUARTERLY REPORTS FOR THE LAST FOUR QUARTERS

FOR A LIMITED LIABILITY COMPANY (LLC)

- A. DISCLOSURE AFFIDAVIT (NOTARIZED)
- B. ARTICLES OF ORGANIZATION (MUST STATE THE NAME AND ADDRESS OF THE PRINCIPAL OFFICE OF THE COMPANY, AS WELL AS THE PURPOSE FOR WHICH THE COMPANY IS FORMED. THE ARTICLES MUST ALSO STATE THE LATEST DATE ON WHICH THE COMPANY IS TO DISSOLVE).
- C. OPERATING AGREEMENT (DETAILING THE MANNER IN WHICH THE BUSINESS AND AFFAIRS OF THE COMPANY WILL BE MANAGED AND THE MANNER IN WHICH THE MEMBERS WILL SHARE IN THE ASSETS AND EARNINGS).
- D. CURRENT FINANCIAL STATEMENT (NO OLDER THAN ONE YEAR)
- E. COMPLETE FEDERAL TAX RETURNS FOR THE MOST CURRENT THREE YEARS (INCLUDING ALL SCHEDULES)
- F. AGREEMENTS, SUCH AS FINANCIAL (WITH PROOF OF REPAYMENT), RENTAL, OR LEASE OR ANY OTHER TYPE OF FORMAL WRITTEN AGREEMENTS AGREEMENTS
- G. LICENSE TO DO BUSINESS, IF APPLICABLE (PROFESSIONAL, IF REQUIRED)
- H. PROOF OF MINORITY STATUS, FOR ALL "KEY" PERSONNEL (e.g., COPY OF BIRTH CERTIFICATE, DRIVER LICENSE, PASSPORT, CERTIFICATE OF NATURALIZATION)
- I. BUSINESS PLAN (IF IN BUSINESS LESS THAN ONE YEAR)

FOR A LIMITED LIABILITY COMPANY (LLC) CONT.

- J. COPIES OF EACH MBE CERTIFICATION OR DENIAL OF CERTIFICATION BY OTHER AGENCIES OR JURISDICTIONS, IF APPLICABLE. IF NOT A MARYLAND BUSINESS, COPIES OF YOUR HOME STATE CERTIFICATION LETTER AND ON-SITE REPORT MUST ACCOMPANY YOUR REQUEST FOR MARYLAND CERTIFICATION
- K. RESUMES ON ALL KEY PERSONNEL SHOWING EDUCATION, TRAINING AND EMPLOYMENT WITH DATES (OFFICERS, PARTNERS, OWNERS)
- L. YOUR FEDERAL ID NUMBER, YOUR SOCIAL SECURITY NUMBER
- M. GENERAL BUSINESS INSURANCE INFORMATION
- N. TITLE, REGISTRATION AND CURRENT INSURANCE CARRIER AND POLICY NUMBERS FOR ALL VEHICLES OWNED BY THE COMPANY
- O. LIST OF MAJOR EQUIPMENT OWNED BY TYPE AND QUANTITY
- P. QUARTERLY REPORTS FOR THE LAST FOUR QUARTERS
- Q. COMPLETED PERSONAL NETWORTH FORM
- R. COMPLETED STATEMENT OF DISADVANTAGE

FOR RECERTIFICATION

- A. CURRENT FINANCIAL STATEMENT (NO OLDER THAN ONE YEAR)
- B. MOST RECENT FEDERAL TAX RETURN WITH ALL SCHEDULES
- C. ON A SEPARATE SHEET LIST ALL MARYLAND STATE CONTRACTS AND SUBCONTRACTS AWARDED TO YOUR BUSINESS, IF NONE AWARDED, SO STATE
- D. COMPLETED PERSONAL NETWORTH FORM
- E. IF YOU ARE AN OUT-OF-STATE FIRM PROVIDE A CERTIFICATE OF GOOD STANDING REGARDING YOUR CORPORATE CHARTER.

FORM D-EEO-001D (JULY 2003)

A material misstatement of facts is sufficient cause for denial of certification. The affiant is subject to penalties for perjury and false statements made in the affidavit.

THIS DISCLOSURE AFFIDAVIT INCLUDES ALL MATERIAL INFORMATION NECESSARY TO IDENTIFY AND TO EXPLAIN THE OPERATIONS OF (NAME OF BUSINESS)

(HEREINAFTER "APPLICANT") IN ORDER TO DETERMINE IF APPLICANT IS A BONAFIDE MINORITY BUSINESS ENTERPRISE WHICH IS OWNED AND CONTROLLED BY MINORITIES IN ACCORDANCE WITH THE REQUIREMENTS OF THE MARYLAND DEPARTMENT OF TRANSPORTATION MINORITY BUSINESS ENTERPRISE PROGRAM MANUAL. FURTHER, THE UNDERSIGNED DOES COVENANT AND AGREE TO PROVIDE THE MARYLAND DEPARTMENT OF TRANSPORTATION INFORMATION REGARDING ACTUAL WORK PERFORMED ON A MARYLAND DEPARTMENT OF TRANSPORTATION PROJECT, THE PAYMENT THEREFORE, AND ANY PROPOSED CHANGES IN ANY OF THE ARRANGEMENTS HEREINABOVE STATED AND TO PERMIT AN AUDIT, TO INCLUDE INTERVIEW OF PRINCIPALS, EMPLOYEES, AND OFFICERS AND AN EXAMINATION OF THE BOOKS, RECORDS, AND FILES OF THE APPLICANT BY AUTHORIZED REPRESENTATIVES OF THE MARYLAND DEPARTMENT OF TRANSPORTATION OR THE FEDERAL GOVERNMENT PRIOR TO AND AFTER INCLUSION IN THE MARYLAND DEPARTMENT OF TRANSPORTATION MINORITY BUSINESS ENTERPRISES DIRECTORY AS DEEMED NECESSARY.

I ACKNOWLEDGE AND AGREE THAT REPRESENTATIVES OF THE MARYLAND DEPARTMENT OF TRANSPORTATION SHALL BE PERMITTED TO MAKE INQUIRIES OF CREDIT BUREAUS, BANKS, LENDING INSTITUTIONS, BONDING COMPANIES, VENDORS, SUPPLIERS, INSURANCE COMPANIES, AND PRIOR AND CURRENT CONTRACTORS CONCERNING THE FINANCIAL RESPONSIBILITY OF APPLICANT.

I ACKNOWLEDGE THAT THIS AFFIDAVIT IS TO BE FURNISHED TO THE SECRETARY OF THE MARYLAND DEPARTMENT OF TRANSPORTATION AND MAY BE DISTRIBUTED TO THE MARYLAND DEPARTMENT OF TRANSPORTATION MINORITY BUSINESS ENTERPRISE ADVISORY COMMITTEE AND MAY ALSO BE DISTRIBUTED TO BOARDS, COMMISSIONS, ADMINISTRATIONS, DEPARTMENTS AND AGENCIES OF: (1) THE STATE OF MARYLAND; AND (2) COUNTIES OR OTHER SUBDIVISIONS OF THE STATE OF MARYLAND; AND (3) OTHER STATES; AND (4) THE FEDERAL GOVERNMENT. I FURTHER ACKNOWLEDGE THAT THIS AFFIDAVIT IS SUBJECT TO APPLICABLE LAWS OF THE UNITED STATES AND THE STATE OF MARYLAND, BOTH CRIMINAL AND CIVIL, AND THAT NOTHING IN THIS AFFIDAVIT SHALL BE CONSTRUED TO SUPERSEDE, AMEND, MODIFY, OR WAIVE ON BEHALF OF THE MARYLAND DEPARTMENT OF TRANSPORTATION, THE MARYLAND BOARD OF PUBLIC WORKS AND ANY OTHER OFFICE OR AGENCY OF THE STATE OF MARYLAND HAVING JURISDICTION, THE EXERCISE OF ANY STATUTORY RIGHT OR REMEDY CONFERRED BY THE CONSTITUTION AND THE LAWS OF MARYLAND IN RESPECT TO ANY MISREPRESENTATION MADE OR ANY VIOLATION OF THE OBLIGATIONS, TERMS AND COVENANTS UNDERTAKEN BY THE ABOVE FIRM IN RESPECT TO THIS AFFIDAVIT.

I ACKNOWLEDGE AND AGREE THAT THE APPLICANT WILL BE REQUIRED TO APPEAR FOR INTERVIEW BY THE MARYLAND DEPARTMENT OF TRANSPORTATION MINORITY BUSINESS ENTERPRISE ADVISORY COMMITTEE.

I ACKNOWLEDGE THAT THE ELIGIBILITY OF THE APPLICANT FOR CERTIFICATION AS A MINORITY BUSINESS ENTERPRISE WILL BE DETERMINED AS OF THE DATE OF THE DISCLOSURE AFFIDAVIT, BASED ON THE INFORMATION AND DOCUMENTATION SUBMITTED HEREWITH, ANY CHANGES IN OWNERSHIP OR CONTROL MAY NOT BE CONSIDERED IN DETERMINING ELIGIBILITY.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT, AND THAT I AM AUTHORIZED, ON BEHALF OF THE ABOVE FIRM, TO MAKE THIS AFFIDAVIT.

DATE (MMDDYYYY)

SIGNATURE OF APPLICANT

TITLE

NOTARY CERTIFICATE

STATE OF: _____ COUNTY (CITY) OF: _____

ON THE: _____ OF _____ BEFORE ME, _____
(DAY) (MONTH) (YEAR)

THE UNDERSIGNED OFFICER, PERSONALLY APPEARED _____ KNOWN TO ME TO BE THE PERSON DESCRIBED IN THE FOREGOING AFFIDAVIT AND ACKNOWLEDGED THAT HE (SHE) EXECUTED THE SAME IN THE CAPACITY THEREIN STATED AND FOR THE PURPOSES THEREIN CONTAINED AND THAT THE STATEMENTS CONTAINED THEREIN ARE TRUE AND CORRECT. IN WITNESS WHEREOF, I HEREUNTO SET MY HAND AND OFFICIAL SEAL.

NOTARY PUBLIC _____
MY COMMISSION EXPIRES _____

SEAL

TTY (410) 865-1342; Indicate any special needs or alternative format request (interpreter, large print, Braille, etc.) by calling:

VOICE
(410) 865-1269
1-800-544-6056

TTY
(410) 865-1342

FAX NUMBER
(410) 865-1309

INTERNET
www.mdot.state.md.us

FORM D-EEO-001D (JULY 2003)

A material misstatement of facts is sufficient cause for denial of certification. The affiant is subject to penalties for perjury and false statements made in the affidavit.



PERSONAL FINANCIAL STATEMENT

As of Date:

Name	<input type="text"/>	Business Phone	<input type="text"/>
Residence Address	<input type="text"/>	Residence Phone	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
Business Name of Applicant/Borrower	<input type="text"/>		
		Zip Code	<input type="text"/>

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.....	\$	<input type="text"/>
IRA or Other Retirement Account	\$	<input type="text"/>	(Describe in Section 2)		
Accounts & Notes Receivable	\$	<input type="text"/>	Installment Account (Auto).....		<input type="text"/>
Life Insurance-Cash Surrender Value Only	\$	<input type="text"/>	Mo. Payments \$	<input type="text"/>	\$
(Complete Section 8)			Installment Account (Other).....		<input type="text"/>
Stocks and Bonds	\$	<input type="text"/>	Mo. Payments \$	<input type="text"/>	\$
(Describe in Section 3)			Loan on Life Insurance	\$	<input type="text"/>
(Do not include ownership interest in applicant firm.)			Mortgages on Real Estate	\$	<input type="text"/>
Real Estate	\$	<input type="text"/>	(Describe in Section 4)		
(Describe in Section 4)			(Do not include primary residence.)		
(Do not include primary residence.)			Unpaid Taxes	\$	<input type="text"/>
Automobile-Present Value	\$	<input type="text"/>	(Describe in Section 6)		
Other Personal Property	\$	<input type="text"/>	Other Liabilities.....	\$	<input type="text"/>
(Describe in Section 5)			(Describe in Section 7)		
Other Assets.....	\$	<input type="text"/>	Total Liabilities.....	\$	<input type="text"/>
(Describe in Section 5)			Net Worth	\$	<input type="text"/>
Total	\$	<input type="text"/>			

Section 1.	Source of Income		Contingent Liabilities	
Salary	\$	<input type="text"/>	As Endorser or Co-Maker	\$
Net Investment Income.....	\$	<input type="text"/>	Legal Claims & Judgments.....	\$
Real Estate Income	\$	<input type="text"/>	Provision for Federal Income Tax	\$
Other Income (Describe below)*.....	\$	<input type="text"/>	Other Special Debt	\$

Description of Other Income in Section 1.

<input type="text"/>
<input type="text"/>
<input type="text"/>

*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"/>	<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

(List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

Section 4. Real Estate Owned.

	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.)

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.)

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

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

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: _____

STATEMENT OF DISADVANTAGE

Socially disadvantaged individuals are those who have been subjected to racial or ethnic prejudice or cultural bias within American society because of their identities as members of groups and without regard to their individual qualities. Economically disadvantaged individuals are socially disadvantaged individuals whose 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 disadvantaged. An individual whose personal net worth exceeds one million five hundred four thousand five hundred eighty-five dollars (\$1,577,337) is not economically disadvantaged.

I hereby certify that I have read and understand the above statement and that I am both socially and economically disadvantaged.

Date

Name

STATE OF MARYLAND)
)
_____ COUNTY)

TO WIT:

I HEREBY CERTIFY, that on the _____ day of _____, in the year _____, before the subscriber, a notary public of the State of Maryland, in and for the County aforesaid, personally appeared _____, known to me to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Notary Public

My Commission expires: _____

BUSINESS PLAN

The Business Plan describes a company's past and current operations, and projects how the company will obtain its future goals.

Section I - General Information

A. Business Description:

1. Business Name: _____
2. Office Address: _____
Office Telephone Number: _____
3. Field Address: _____
Field Telephone Number: _____

B. Major Equipment Owned and Storage Location:

1. _____
2. _____
3. _____
4. _____
5. _____

C. Market and Competition - Identify your firm's market area and five competitors within that market area (e.g., Baltimore City, Baltimore County, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____

D. Identify your company's management team and their areas of expertise.

1. _____
2. _____
3. _____
4. _____
5. _____

Do any of the members of the management team have other employment?

E. Business Goals - Indicate your expectations for the growth of your business for the next year.

Section II - Products and/or Services

A. Give a description of each product and/or service provided by your company. Indicate also the Standard Industrial Classification (SIC)/North American Industry Classification System Code for each item (if known).

B. List the names of suppliers and/or equipment rental services you have utilized.

Section III - Marketing Strategy

A. Describe your overall marketing strategy to include the following: the kinds of customers you intend to contact; means of contact; what aspect of your product or service you will emphasize in your selling plan (price, quality of service, etc.)

Section IV - Additional Employees/Equipment

A. List sources used for hiring additional employees when needed.

B. List sources used for leasing/procuring/acquiring additional equipment.
