

NEBRASKA UNIFIED CERTIFICATION PROGRAM (NUCP)

DISADVANTAGED BUSINESS ENTERPRISE PROGRAM
49 C.F.R. PART 26

UNIFORM CERTIFICATION APPLICATION

ROADMAP FOR APPLICANTS

Should I apply?

- Is your firm at least 51 percent 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 \$22.41 million in annual gross receipts?
- Is your firm organized as a for-profit business?
- If your firm is not a Nebraska firm, is your firm DBE certified in your home state?
⇒ If you answered "Yes" to all of the questions above, you may be eligible to participate in the U.S. DOT DBE program in Nebraska (NUCP).

Is there an easier way to apply?

If your firm is currently certified by the SBA as an 8(a) or SDB firm, you may be eligible for a streamlined certification application process whereby your current SBA application package is accepted in lieu of requiring you to fill out and submit this form. Contact the NUCP (402 479-4531) to find out if you are required to complete this application. **Nebraska firms will be required to undergo an on-site review. Out-of-state firms will be required to provide a copy of their Home State UCP on-site review report.**

Submit your completed Application to: Nebraska Department of Roads
Disadvantaged Business Enterprise Office
1500 Highway 2
Lincoln, NE 68509-4759

Be sure to include all of the required documents listed in the Documents Check List on page 11 at the end of this form along with your completed application.

Where can I find more information?

- U.S. DOT – <http://osdbuweb.dot.gov/business/dbe/index.html> (This site provides links to the rules and regulations governing the DBE program, questions and answers, and other pertinent information.)
- NDOR – <http://www.dor.state.ne.us/> (This site provides a listing of certified DBEs, NUCP regulatory information, forms, and much highway construction related information.)
- 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>	DBE	Name of certifying agency:
		Has your firm's Home State UCP conducted an on-site review? <input type="checkbox"/> Yes, on ____/____/____ State: _____ <input type="checkbox"/> No
	8(a)	⊗ NOTE! The NUCP requires all out of state firms to provide a copy of the onsite review conducted by their home state UCP and their DBE, SBA 8(a) or SDB certification if applicable.
	SDB	

A. 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, debarred, 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:
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Section 2: GENERAL INFORMATION

A. Contact Information

(1) Contact person (disadvantaged owner) 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) or owner's social security number:	
(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 <u>NOT</u> for-profit, then you do <u>NOT</u> qualify for this program and do <u>NOT</u> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Year _____</td> <td style="width: 50%;">Total receipts \$ _____</td> </tr> <tr> <td>Year _____</td> <td>Total receipts \$ _____</td> </tr> <tr> <td>Year _____</td> <td>Total receipts \$ _____</td> </tr> </table>		Year _____	Total receipts \$ _____	Year _____	Total receipts \$ _____	Year _____	Total receipts \$ _____
Year _____	Total receipts \$ _____						
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Year _____	Total receipts \$ _____						

C. Relationships with Other Businesses

(1) Does your firm, at any of its business locations, share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment or office staff with any other business, organization or entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Other Firm's name: _____ Explain nature of shared facilities, etc.: _____																
(2) At present or at any time in the past, has your firm:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">(a) Been a subsidiary of any other firm?</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>(b) Consisted of a partnership in which one or more of the partners are other firms?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>(c) Owned any percentage of any other firm?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>(d) Had any subsidiaries?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	(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							
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(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? <input type="checkbox"/> Yes <input type="checkbox"/> No																
(4) If you answered "Yes" to any of the questions in (2)(a)-(d) and/or (3), identify the following for each (<i>attach extra sheets, if needed</i>): <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 30%; text-align: left;"><u>Name</u></th> <th style="width: 30%; text-align: left;"><u>Address</u></th> <th style="width: 40%; text-align: left;"><u>Type of Business</u></th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td></tr> </tbody> </table>		<u>Name</u>	<u>Address</u>	<u>Type of Business</u>	1.			2.			3.			4.		
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1.																
2.																
3.																
4.																

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>): <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Other (<i>specify</i>) _____	
(7) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
(8) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		

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 (<i>e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.</i>)? <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)? ☐ Yes ☐ 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 (responsibility for acquisition of lines of credit, surety bonding, supplies, etc.)	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 (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 understand that the recipient agency or the Nebraska Unified Certification Program (NUCP) may request other relevant information at any time.

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, 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 the NUCP 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 certify that I have held myself out as a member 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 _____ certify, under penalty of perjury under the laws of the United States and the State of Nebraska, that the information provided in this Nebraska Unified Certification Program Disadvantaged Business Enterprise Certification Application and all supporting documents relating to my disadvantaged status and to myself are true and correct.

Signature: _____ Date: _____

County of _____ State of _____

Subscribed and sworn before me this _____ day of _____, _____ .
Date Month Year

Signed _____ My Commission expires _____ .
Notary Signature Date

15 United States Code § 645, as amended April 7, 1986 and November 15, 1988. Offenses and Penalties:

(d) **Misrepresentation as a small business concern.**

- (1) Whoever misrepresents the status of any concern or person as a "small business concern owned and controlled by socially and economically disadvantaged individuals", in order to obtain for oneself or another any----
 - (A) prime contract to be awarded pursuant to section 9 or 15 [15 USCS § 638 or 644];
 - (B) subcontract to be awarded pursuant to section 8(a) [15 USCS § 637(a)];
 - (C) subcontract that is to be included as part or all of a goal contained in a subcontracting plan required pursuant to section 8(d) [15 USCS § 637(d)]; or
 - (D) prime or subcontract to be awarded as a result, or in furtherance, of any other provision of Federal law that specifically references section 8(d) [15 USCS § 637(d)] for a definition of program eligibility, shall be subject to the penalties and remedies described in paragraph (2).
- (2) Any person who violates paragraph (1) shall---
 - (A) be punished by a fine of not more than \$500,000 or by imprisonment for not more than 10 years, or both;
 - (B) be subject to the administrative remedies prescribed by the Program Fraud Civil Remedies Act of 1986 (31 U.S.C. 3801-3812);
 - (C) be subjected to suspension and debarment as specified in subpart 9.4 of Title 48, Code of Federal Regulations (or any successor regulation) on the basis that such misrepresentation indicates a lack of business integrity that seriously and directly affects the present responsibility to perform any contract awarded by the Federal Government or a subcontract under such a contract; and
 - (D) be ineligible for participation in any program or activity conducted under the authority of this Act or the Small Business Investment Act of 1958 (15 U.S.C. 661 et seq.) for a period not to exceed 3 years.

**NEBRASKA UNIFIED CERTIFICATION PROGRAM DBE 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.

All Applicants

- ☐ Copy of home state UCP on-site review (*NDOR will obtain on-site reviews directly from the firm's home state DOT.*)
- ☐ Copy of disadvantaged owner's driver's license and birth certificate or proof of U.S. citizenship or permanent residence
- ☐ Work experience resumes (*that include places of ownership/employment with corresponding dates*), for all owners and officers of your firm
- ☐ Personal Financial Statement for all disadvantaged owners (*form available with this application*)
- ☐ Personal tax returns for the past three years, if applicable, for each owner claiming disadvantaged status
- ☐ Your firm's tax returns (*gross receipts*) and all related schedules for the past three years
- ☐ Your firm's W-2 Forms for the past three years
- ☐ Documented proof of contributions used to acquire ownership for each owner (*e.g. both sides of cancelled checks and corresponding bank statements*), etc.
- ☐ 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 the firm, if less than three years*); a new business must provide a current balance sheet
- ☐ 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
- ☐ Three most recent bank statements (*owner and firm's*)
- ☐ Bank authorization and signatory cards
- ☐ Schedule of salaries (*or other compensation/ remuneration*) paid to all officers, managers, owners, and directors of the firm
- ☐ Trust agreements held by any owner claiming disadvantaged status, if any

Partnership or Joint Venture

- ☐ Original and any amended Partnership or Joint Venture Agreements

Corporation or LLC

- ☐ Official Articles of Incorporation (*signed by the state official*)
- ☐ 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