



***MICHIGAN***  
**DISADVANTAGED**  
**BUSINESS ENTERPRISE**  
**CERTIFICATION**  
**APPLICATION**  
for MDOT

DO NOT STAPLE OR BIND THE APPLICATION OR DOCUMENTS



APRIL 2009

**MAIL THE COMPLETE APPLICATION AND ALL SUPPORTING DOCUMENTS  
TO ONLY ONE OF THE FOLLOWING AGENCIES:**

Michigan Department of Transportation  
425 W. Ottawa, P.O. Box 30050  
Lansing, MI 48909  
**DBE Program - Certification**  
1-866-323-1264 (toll-free)  
(517) 335-0945 (fax)  
mdot-dbe@michigan.gov. (Email)



Detroit Department of Transportation, Detroit City Airport, Suburban Mobility Authority for Regional Transportation, The Interurban Transit Partnership (ITP-The Rapid), Michigan Department of Transportation, Wayne County, Wayne County Airport Authority, Flint Mass Transit Authority, Muskegon Area Transit System, Gerald R. Ford International Airport, Kalamazoo/Battle Creek International Airport, Capitol City Airport, Ann Arbor Transportation Authority, Bishop International, Kalamazoo Metro Transit/Metro Transit System, City of Saginaw, Saginaw Transit Authority, Capitol Area Transportation Authority, Battle Creek Transit, City of Holland, Jackson Transportation Authority, Southeast Michigan Council Of Governments, Bay County Metro Transit Authority, Blue Water Area Transit, Detroit Transportation Cooperation, Dickinson County Ford Airport, Muskegon County Airport, Mbs International, Sawyer Airport, Chippewa County International Airport, Cherry Capital Airport, Houghton County Memorial Airport, Delta County Airport, Pellston Regional Airport, Twin Cities Area Transportation Authority.

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

***UNIFORM CERTIFICATION APPLICATION***

**ROADMAP FOR APPLICANTS**

- ① **Should I apply?**
- o Is your firm at least 51%-owned by a socially and economically disadvantaged individual(s) who also controls the firm?
  - o Is the disadvantaged owner a U.S. citizen or lawfully admitted permanent resident of the U.S.?
  - o Is your firm a small business that meets the Small Business Administration's (SBA's) size standard and does not exceed \$22,410,000 in gross annual receipts? The only exception is for airport concessionaires (\$52,470,000 maximum annual gross receipts).
  - o Is your firm organized as a for-profit business?
- ⇒ If you answered "Yes" to all of the questions above, you may be eligible to participate in the U.S. DOT DBE program.
- ② **Is there an easier way to apply?**
- If you are currently certified by the SBA as an 8(a) and/or SDB firm, you may be eligible for a streamlined certification application process. Under this process, the certifying agency to which you are applying will accept your current SBA application package in lieu of requiring you to fill out and submit this form. **NOTE: You must still meet the requirements for the DBE program, including undergoing an on-site review.**
- ③ **Be sure to attach all of the required documents listed in the [Documents Check List](#) at the end of this form with your completed application.**
- ④ **Where can I find more information?**
- o U.S. DOT – <http://www.dotcr.ost.dot.gov/asp/dbe.asp> (this site provides useful links to the rules and regulations governing the DBE program, questions and answers and other information)
  - o SBA – [http://www.sba.gov/idc/groups/public/documents/sba\\_homepage/serv\\_sstd\\_tablepdf.pdf](http://www.sba.gov/idc/groups/public/documents/sba_homepage/serv_sstd_tablepdf.pdf) (provides a listing of NAICS codes) and <http://www.census.gov/epcd/naics02/> (provides a search engine and information for NAICS and SIC codes).

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.

**ALL APPLICANTS!!!**

**\*DO NOT “STAPLE” OR “BIND” THE APPLICATION OR DOCUMENTS**

**\*REMOVE THE SOCIAL SECURITY AND ACCOUNT NUMBER(S) FROM ALL ATTACHED DOCUMENTS BEFORE MAILING THIS APPLICATION TO MDOT**

**1. Work experience resumes (page 20 of 24)**

- A detailed **Resume** of your complete work history and experience relevant to this application in addition to page 20 of 24
- Include a complete list with titles of **all key personnel, corporate officers, managers, supervisors, key office & field staff** with an individual **Resume** for each

**2. Personal Financial Statement (pages 11 & 12)**

**MUST USE SBA Form 413 (3-00) ONLY**

- Personal Net Worth *excludes* applicant's primary residence and applicants firms assets and liabilities
- All assets listed as *joint* must provide a break down for each individual
- Statement(s) must be **signed, dated** and **include social security number(s)**
- Personal Financial Statement **must include the value of all other companies owned by the applicant**

**3. 1040 Personal Income Tax Returns must be three (3) current & consecutive years:  
(i.e. 2007, 2008 & 2009)**

- Include all schedules

**Business Tax Returns must be three (3) current & consecutive years:  
(i.e. 2007, 2008 & 2009)**

- Include all schedules, W-2's, balance sheets (including year end), profit & loss, and any notes prepared by the firm's accountants.
- **All new businesses must provide a current balance sheet**

**5. Proof of contributions used to acquire ownership for each owner:**

- Federal Regulations **49 CFR 26.69** requires documents proving your initial investment or a **notarized written statement explaining your initial contribution or stock purchase** if supporting documents are not available

**6. Non State of Michigan applicants:**

- **Must be currently DBE certified in your home state *before* you request certification in Michigan**

**Corporation or LLC**

**Articles of Incorporation:**

- **Any Articles (Amendments) in addition to those recorded with the Michigan Department of Energy, Labor & Economic Growth (DELEG) and all Amendments**

**Regular Dealer**

**Current in stock inventory list and dollar value**

- Complete inventory list

*Should you have additional questions regarding completing the DBE Certification application, please contact our office toll free at 1-866-323-1264 ext. 3-8546 Monday through Friday 8:00 am until 5:00 pm.*

# UNIFORM CERTIFICATION APPLICATION

## SECTION 1: CERTIFICATION INFORMATION

### A. PRIOR/OTHER CERTIFICATIONS

|   |      |  |
|---|------|--|
| IS YOUR FIRM CURRENTLY CERTIFIED FOR ANY OF THE FOLLOWING PROGRAMS? (If Yes, check appropriate box(es)) | DBE  | NAME OF CERTIFYING AGENCY:   |
|   |      | HAS YOUR FIRM'S STATE UCP CONDUCTED AN ON-SITE VISIT?<br>Yes, on _____ STATE _____<br>No   |
|   | 8(a) | <b>☒ STOP! If you checked either the 8(a) or SDB box, you may not have to complete this application. Ask your state UCP about the streamlined application process under the SBA-DOT MOU.</b> |
|   | 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 BEEN:

|   |    |                              |       |
|---|----|------------------------------|-------|
| EVER WITHDRAWN AN APPLICATION FOR ANY PROGRAMS LISTED ABOVE   | NO | YES <input type="checkbox"/> | DATE: |
| DENIED CERTIFICATION  | NO | YES <input type="checkbox"/> | DATE: |
| DECERTIFIED   | NO | YES <input type="checkbox"/> | DATE: |
| DEBARRED OR SUSPENDED   | NO | YES <input type="checkbox"/> | DATE: |
| HAD BIDDING PRIVILEGES DENIED OR RESTRICTED BY ANY STATE, LOCAL AGENCY, OR FEDERAL ENTITY, IF YES, IDENTIFY STATE AND NAME OF STATE, LOCAL, OR FEDERAL AGENCY AND EXPLAIN THE NATURE OF THE ACTION. | NO | YES <input type="checkbox"/> | DATE: |

## SECTION 2: GENERAL INFORMATION

### A. CONTACT INFORMATION

|  |                         |                               |       |          |
|--|-------------------------|-------------------------------|-------|----------|
| (1) CONTACT PERSON AND TITLE                                   |                         | (2) LEGAL NAME OF FIRM        |       |          |
| (3) TELEPHONE NO.  | (4) OTHER TELEPHONE NO. | (5) FAX NO.                   |       |          |
| (6) E-MAIL   |                         | (7) WEBSITE (If you have one) |       |          |
| (8) STREET ADDRESS (No P.O. Box)                               | CITY                    | COUNTY/PARISH                 | STATE | ZIP CODE |
| (9) MAILING ADDRESS OF FIRM (If different from street address) | CITY                    | COUNTY/PARISH                 | STATE | ZIP CODE |

### B. BUSINESS PROFILE

(1) DESCRIBE THE PRIMARY ACTIVITIES OF YOUR FIRM

|  |   |  |
|--|---|--|
| (2) FEDERAL TAX ID (If any)                      | (3) FIRM WAS ESTABLISHED ON (Date)  | (4) I/WE HAVE OWNED THIS FIRM SINCE (Date)                               |
| (5) METHOD OF ACQUISITION (Check all that apply) | Started new business<br>Merger or consolidation<br>Bought existing business   | Inherited business<br>Secured concession<br>Other (Explain) _____        |
| (6) IS YOUR FIRM "FOR PROFIT"?<br>YES NO         | <b>☒ 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.</b> |  |
| (7) TYPE OF FIRM (Check all that apply)          | Sole Proprietorship<br>Partnership<br>Corporation<br>Limited Liability Partnership  | Limited Liability Corporation<br>Joint Venture<br>Other, Describe: _____ |

(8) HAS YOUR FIRM EVER EXISTED UNDER DIFFERENT OWNERSHIP, A DIFFERENT TYPE OF OWNERSHIP, OR A DIFFERENT NAME?  
 NO 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              |
|  |           |           | YEAR              |
|  |           |           | YEAR              |
|  |           |           | TOTAL RECEIPTS \$ |
|  |           |           | TOTAL RECEIPTS \$ |
|  |           |           | 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?

NO 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?   | YES | NO |
| (b) consisted of a partnership in which one or more of the partners are other firms? | YES | NO |
| (c) owned any percentage of any other firm?  | YES | NO |
| (d) had any subsidiaries   | YES | 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 HAVE ANSWERED "YES" TO ANY OF THE QUESTIONS IN (2)(a)-(d) AND/OR (3), IDENTIFY THE FOLLOWING FOR EACH (attach extra sheets, if needed)

|      |         |                  |
|------|---------|------------------|
| NAME | ADDRESS | TYPE OF BUSINESS |
| NAME | ADDRESS | TYPE OF BUSINESS |
| NAME | ADDRESS | TYPE OF BUSINESS |

### D. IMMEDIATE FAMILY MEMBER BUSINESSES

DO ANY OF YOUR IMMEDIATE FAMILY MEMBERS OWN OR MANAGE ANOTHER COMPANY?  
 extra sheets, if needed)

NO YES, List (attach

|      |              |         |                  |                |
|------|--------------|---------|------------------|----------------|
| NAME | RELATIONSHIP | COMPANY | TYPE OF BUSINESS | OWN OR MANAGE? |
| NAME | RELATIONSHIP | COMPANY | TYPE OF BUSINESS | OWN OR MANAGE? |

**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 NO. |          |
| (4) HOME ADDRESS (Street and number)     |      |        |  | CITY               | STATE              | ZIP CODE |
| (5) GENDER                               | MALE | FEMALE | (6) ETHNIC GROUP MEMBERSHIP (Check all that apply) |                    |                    |          |
| (7) U.S. CITIZEN                         | YES  | NO     | BLACK  | HISPANIC           | NATIVE AMERICAN    |          |
| (8) LAWFULLY ADMITTED PERMANENT RESIDENT | YES  | NO     | ASIAN PACIFIC                                      | SUBCONTINENT ASIAN |                    |          |
|  |      |        | OTHER (Specify) _____                              |                    |                    |          |

**B. OWNERSHIP INTEREST**

| (1) NUMBER OF YEARS AS OWNER              |              | (2) INITIAL INVESTMENT TO ACQUIRE OWNERSHIP INTEREST IN FIRM   |  |  |  |      |              |      |          |             |          |           |          |       |          |
|---|--------------|--|--|--|--|------|--------------|------|----------|-------------|----------|-----------|----------|-------|----------|
| (3) PERCENTAGE OWNED                      |              | <table> <tr> <th>TYPE</th> <th>DOLLAR VALUE</th> </tr> <tr> <td>CASH</td> <td>\$ _____</td> </tr> <tr> <td>REAL ESTATE</td> <td>\$ _____</td> </tr> <tr> <td>EQUIPMENT</td> <td>\$ _____</td> </tr> <tr> <td>OTHER</td> <td>\$ _____</td> </tr> </table> |  |  |  | TYPE | DOLLAR VALUE | CASH | \$ _____ | REAL ESTATE | \$ _____ | EQUIPMENT | \$ _____ | OTHER | \$ _____ |
| TYPE                                      | DOLLAR VALUE |  |  |  |  |      |              |      |          |             |          |           |          |       |          |
| CASH                                      | \$ _____     |  |  |  |  |      |              |      |          |             |          |           |          |       |          |
| REAL ESTATE                               | \$ _____     |  |  |  |  |      |              |      |          |             |          |           |          |       |          |
| EQUIPMENT                                 | \$ _____     |  |  |  |  |      |              |      |          |             |          |           |          |       |          |
| OTHER                                     | \$ _____     |  |  |  |  |      |              |      |          |             |          |           |          |       |          |
| (4) FAMILIAL RELATIONSHIP TO OTHER OWNERS |              |  |  |  |  |      |              |      |          |             |          |           |          |       |          |

| (5) SHARES OF STOCK | NUMBER | PERCENTAGE | CLASS | DATE ACQUIRED | METHOD ACQUIRED |
|---------------------|--------|------------|-------|---------------|-----------------|
|                     |        |            |       |               |                 |
|                     |        |            |       |               |                 |
|                     |        |            |       |               |                 |

(6) DOES THIS OWNER PERFORM A MANAGEMENT OR SUPERVISORY FUNCTION FOR ANY OTHER BUSINESS?  
 NO      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)?  
 NO      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? NO YES ☒ 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)

NO YES ☒ 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.   |       |           |        |



**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 |
|---|------|-------|-----------|--------|
| (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? NO YES ☒ PERSON \_\_\_\_\_ TITLE \_\_\_\_\_  
 BUSINESS \_\_\_\_\_ FUNCTION \_\_\_\_\_

(12) DO ANY OF THE PERSONS LISTED (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)  
 NO YES ☒ FIRM NAME \_\_\_\_\_ PERSON \_\_\_\_\_

NATURE OF BUSINESS RELATIONSHIP

**C. INDICATE YOUR FIRM'S INVENTORY IN THE FOLLOWING CATEGORIES** (attach additional sheets if needed)

|                  | TYPE OF EQUIPMENT | MAKE/MODEL       | CURRENT VALUE                      | OWNED OR LEASED? |
|------------------|-------------------|------------------|------------------------------------|------------------|
| 1. EQUIPMENT     | 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?**NO YES ☒ EXPLAIN:

**E. FINANCIAL INFORMATION****(1) BANKING INFORMATION**

|              |      |           |          |
|--------------|------|-----------|----------|
| NAME OF BANK |      | PHONE NO. |          |
| ADDRESS      | CITY | STATE     | ZIP CODE |

**(2) BONDING INFORMATION:** If you have bonding capacity, identify:

BINDER NO.

|                      |      |           |          |
|----------------------|------|-----------|----------|
| NAME OF AGENT/BROKER |      | PHONE NO. |          |
| ADDRESS              | CITY | STATE     | ZIP CODE |

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 SECURITY 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<br>PROJECT NUMBER | LOCATION OF<br>PROJECT | TYPE OF WORK | PROJECT START<br>DATE | ANTICIPATED<br>COMPLETION<br>DATE | DOLLAR VALUE<br>OF CONTRACT |
|--|------------------------|--------------|-----------------------|-----------------------------------|-----------------------------|
| 1.   |                        |              |                       |                                   |                             |
| 2.   |                        |              |                       |                                   |                             |
| 3.   |                        |              |                       |                                   |                             |

**AFFIDAVIT OF CERTIFICATION**

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

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

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

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

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its places(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

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

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

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

I hereby certify that I am a (circle all that apply):

Female      Black American      Hispanic American      Native American  
Asian- Pacific American      Subcontinent Asian American  
Other (specify) \_\_\_\_\_.

I have held myself out as a member of that group and have acted as a member of that group. I certify that I am an owner of the company seeking DBE certification and that I have been subjected to racial or ethnic prejudice or cultural bias within American society because of my identity as a member of the above circled group.

I further certify that my personal net worth does not exceed \$750,000, and that my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

I declare, under penalty of perjury, that the information provided in this application and supporting documents relating to my disadvantaged status and me is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY CERTIFICATE:**



## PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

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

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

|                                     |                 |
|-------------------------------------|-----------------|
| Name                                | Business Phone  |
| Residence Address                   | Residence Phone |
| City, State, & Zip Code             |                 |
| Business Name of Applicant/Borrower |                 |

| ASSETS   |              | LIABILITIES                             |              |
|--|--------------|---|--------------|
|  | (Omit Cents) |   | (Omit Cents) |
| Cash on hand & in Banks .....                  | \$ .....     | Accounts Payable .....                  | \$ .....     |
| Savings Accounts .....                         | \$ .....     | Notes Payable to Banks and Others ..... | \$ .....     |
| IRA or Other Retirement Account .....          | \$ .....     | (Describe in Section 2)                 |              |
| Accounts & Notes Receivable .....              | \$ .....     | Installment Account (Auto) .....        | \$ .....     |
| Life Insurance-Cash Surrender Value Only ..... | \$ .....     | Mo. Payments \$ .....                   |              |
| (Complete Section 8)                           |              | Installment Account (Other) .....       | \$ .....     |
| Stocks and Bonds .....                         | \$ .....     | Mo. Payments \$ .....                   |              |
| (Describe in Section 3)                        |              | Loan on Life Insurance .....            | \$ .....     |
| Real Estate .....                              | \$ .....     | Mortgages on Real Estate .....          | \$ .....     |
| (Describe in Section 4)                        |              | (Describe in Section 4)                 |              |
| Automobile-Present Value .....                 | \$ .....     | Unpaid Taxes .....                      | \$ .....     |
| Other Personal Property .....                  | \$ .....     | (Describe in Section 6)                 |              |
| (Describe in Section 5)                        |              | Other Liabilities .....                 | \$ .....     |
| Other Assets .....                             | \$ .....     | (Describe in Section 7)                 |              |
| (Describe in Section 5)                        |              | Total Liabilities .....                 | \$ .....     |
| Total  | \$ .....     | Net Worth .....                         | \$ .....     |
|  |              | Total                                   | \$ .....     |

| Section 1. Source of Income          | Contingent Liabilities                 |
|--------------------------------------|--|
| Salary .....                         | As Endorser or Co-Maker .....          |
| Net Investment Income .....          | Legal Claims & Judgments .....         |
| 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 |
|-----------------------------------|------------------|-----------------|----------------|---------------------------|--|
|                                   |                  |                 |                |                           |  |
|                                   |                  |                 |                |                           |  |
|                                   |                  |                 |                |                           |  |
|                                   |                  |                 |                |                           |  |
|                                   |                  |                 |                |                           |  |

| 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<br>Quotation/Exchange | Date of<br>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 &<br>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 authorize SBA/Lender 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 either 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: |

|              |   |
|--------------|---|
| PLEASE NOTE: | The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. <b>PLEASE DO NOT SEND FORMS TO OMB.</b> |
|--------------|---|

## NATURE OF WORK

**Note:** The DBE program applies to highway, transit, and airport programs which receive federal financial assistance. Only firms providing services in transportation-related fields may be considered for DBE certification.

Briefly describe the type(s) of work your firm performs:

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## GEOGRAPHIC AREA

Please check only Regions/Areas in which your firm is willing to mobilize equipment & personnel (See Map):

STATEWIDE

LOWER PENINSULA

UPPER PENINSULA

BAY

GRAND

NORTH

METRO

SOUTHWEST

SUPERIOR

UNIVERSITY

## WORK CLASSIFICATIONS

If MDOT prequalification is required for the type of work your firm performs, you must become prequalified. You will need to submit a copy of your MDOT prequalification application and the date it was submitted to Financial Services Division with your DBE application package.

To obtain a construction or service prequalification application package, contact:

Michigan Department of Transportation  
Financial Services Division  
\* Service Prequalification / Construction Prequalification  
425 West Ottawa Avenue  
P.O. Box 30050  
Lansing, MI 48909

**\* Specify either Construction Prequalification or Service Prequalification, not both.**

You may download a construction prequalification application, or e-mail your request for either a construction or service prequalification application, at the following Internet address:

<http://www.mdot.state.mi.us/business/prequal.htm>



## CONSTRUCTION PREQUALIFICATION WORK CLASSIFICATIONS

|     |  |     |   |
|-----|--|-----|---|
| B.  | Concrete Pavement  | H.  | Landscaping   |
|     | Construction of portland cement concrete base and surface course.  |     | Contracts involving ornamentation of roadsides and parks and other incidental construction.                     |
| Ba. | Concrete Pavement Patching and Widening  |     |   |
| Ca. | Chip Seals   | I.  | Seeding and Sodding/Turf Establishment  |
| Cb. | Plant-Mixed Hot Mix Asphalt/Bituminous Paving  | J.  | Miscellaneous Concrete Items  |
| Ea. | Grading, Drainage Structures, and Aggregate Construction.  |     | Construction of concrete curb and gutter, sidewalk, barrier wall, driveways, and other incidental construction. |
| Fa. | Bridges and Special Structures   |     |   |
|     | Construction of masonry, fabricated steel, prestressed concrete beam, or timber bridges, large culverts and grade separations, special structures and other incidental construction. | K.  | Sewers and Watermains   |
|     |  | Ka. | Tunneling and Jacking   |
|     |  | L.  | Electrical Construction   |
| Fb. | Structural Steel   | N2. | Clearing  |
|     | Erecting structural steel, prestressed concrete beams and placing reinforcing steel on bridges and grade separations and other incidental structures.                                | N3. | Pavement Marking  |
|     |  | N4. | Bridge Painting   |
| Fd. | Pump Stations  | N5. | Railroad Track Construction   |
|     | Construction of pump stations and other incidental structures.   | N6. | Permanent Signs   |
| G.  | Building Moving and Demolition   | N7. | Waterproofing   |
|     | Building moving, demolition and other incidental construction.   |     |   |

Certification will not be granted in these categories without the applicant first obtaining MDOT prequalification. Please Contact:

Michigan Department of Transportation  
Contract Services Division – Construction Prequalification  
P.O. Box 30050  
Lansing, MI 48909  
(517) 335-4281

## N9 CLASSIFICATIONS

The classification codes shown in parentheses preceding some N9 classifications below are considered to already include that particular N9 classification. If you are prequalified in the classification in parentheses please do not request that particular N9 classification. (For example, if you are prequalified in Fa, do not request N9-1A, Bridge Deck Repair.)

### 1. BRIDGE

- (Fa) A. Bridge Deck Repair
- (Fa) B. Bridge Railing Replacement
- (Fa) C. Concrete Structure Repair
- (Fa) D. Concrete Bridge Railing
- E. Structural Crack Repair
- F. Hydrodemolition

### 2. ROADWAY (GRADE)

- (Ea) B. Edge Drain
- (Ea) C. Erosion Control Structures
- D. Crushing and Shaping

### 3. PAVEMENTS

- A. Cold Milling
- B. Rubblizing Concrete Pavement
- (B,Ba) C. Concrete Sawing
- D. Grinding and Grooving
- E. Overband Crack Fill
- (B,Ba) F. Joint or Crack Fill
- G. Joint Repair (Detail 7 & 8)
- H. Slurry Seal
- I. Microsurfacing

### 4. DRAINAGE

- A. Sewer Cleanout
- B. Sewer Inspection

### 5. FOUNDATIONS

- (Fa) A. Augered Piling
- B. Caisson Drilling
- (Fa) C. Pile Driving
- (Fa) D. Sheet Piling

### 6. GENERAL

- (Fa,Fb) C. Placing Resteel
- E. Rail Salvage
- F. Railroad Signals
- I. Raised Pavement Markers
- K. Attenuators
- L. Guardrail
- M. Fences
- N. Paving Brick

Certification will not be granted in these categories without the applicant first obtaining MDOT prequalification. Please Contact:

Michigan Department of Transportation  
Contract Services Division – Construction Prequalification  
P.O. Box 30050  
Lansing, MI 48909  
(517) 335-4281

**SERVICE PREQUALIFICATION WORK CLASSIFICATION**

☐ CAGC Aggregate Construction Inspection and Testing Services

☐ ASBI Asbestos Investigation

☐ CBI Bituminous Pavement Inspection

☐ CBIT Bituminous Plant Inspection and Testing Services

☐ BOTN Botanical and Endangered Plant Assessment

☐ BRCE Bridge Construction Engineering

☐ BRLR Bridge Load Rating Analysis

☐ BRPT Bridge Painting Inspection

☐ BRSI Bridge Safety Inspections

☐ BLDM Building and Structure Design

☐ CPPV Capital Preventive Maintenance

☐ CMBR Complex Bridge Design

☐ CMUR Complex Urban Freeway Design

☐ CNST Construction Staking

☐ CDEN Density Inspection and Testing Services

☐ ENGA Engineering Assistance

☐ EISS Environmental Assessment and Impact Statements – Surface Trans.

☐ FWLG Freeway Lighting

☐ GCLT Geodetic Control and Leveling

☐ GIS Geographic Information Systems

☐ GEOT Geotechnical Engineering Services

☐ HSTA Historic Archaeology

☐ HYDV Hydraulic Surveys

☐ HYDT Hydraulics

☐ ITSR Intelligent Transportation Systems (ITS) Research/Eval/Design/Studies

☐ LDNA Landscape Architecture

☐ MTTR Maintaining Traffic Plans and Provisions

☐ MVSP Moveable Span Bridge Design

☐ MUNU Municipal Utilities Design

☐ NOIS Noise Assessment/Abatement

☐ REUA Outdoor Advertising

☐ PVMA Pavement Marking Plans

☐ TRSS Permanent Freeway Traffic Signing Plans

☐ PNFT Permanent Non-Freeway Traffic Signing Plans

☐ PHOC Photogrammetric Control Surveys

☐ PHOT Photogrammetry

☐ CPCC Portland Cement Concrete Inspection and Testing Services

☐ PREA Prehistoric Archaeology

☐ PRJD Project Development Studies

☐ RRBR Railroad Bridge Design

☐ RECI Reconnaissance/Intensive Level Survey

☐ REME Remediation

☐ REMU Removal of Underground Storage Tanks

☐ ROWS Right of Way Surveys

☐ RDST Road and Street Design

☐ RDCE Road Construction Engineering

☐ RDDS Road Design Surveys

☐ RDRU Roadway Rehabilitation & Rural Freeways

☐ SFTY Safety Studies

☐ SHMD Short & Medium Span Bridges

☐ STEI Site Investigation

☐ SPWL Speciality Walls/Slopes Design

☐ STRU Structure Surveys

☐ SUBU Subsurface Utility Engineering

☐ TECA Technical Assistance

☐ TSIN Traffic & Safety Inspection Services

☐ TRAG Traffic Capacity Analysis and Geometric Studies

☐ TRSG Traffic Signal Design

☐ TRSF Traffic Signal Operations Simple

☐ TRSO Traffic Signal Operations Complex

☐ UBRI Underwater Bridge Inspection

☐ UCOO Utility Coordination

☐ VALE Value Engineering

☐ WETL Wetland Assessment

☐ WTDS Wetland Design

☐ WILD Wildlife and Endangered Species Assessment

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Certification will not be granted in these categories without the applicant first obtaining MDOT prequalification. Please contact:

Michigan Department of Transportation  
Contract Services Division – Service Prequalification  
P.O. Box 30050  
Lansing, MI 48909  
(517) 373-6402

## WORK CLASSIFICATIONS - NO PREQUALIFICATION REQUIREMENT

There is no prequalification requirement for the following work classifications. To be considered for DBE certification in any of these classifications, check the box next to the classification, complete and submit a Work Classification Request, (see Exhibit \*\*) for each classification checked. Be sure to submit documentation of education, experience and equipment resources for each work classification requested.

### **QA. FINANCIAL SERVICES**

- QA1. Accounting & Auditing
- QA2. Insurance & Bonding

### **QB. MEDIA/MARKETING**

- QB1. Public Relations & Advertising
- QB2. Printing & Publishers
- QB3. Language Translation
- QB4. Video Services

### **QC. APPRAISAL**

### **QH. PASSENGER TRANSPORTATION SERVICES**

- QH1. Vehicle Washing
- QH2. Airport & Transit Concessions
- QH3. Pest Control
- QH4. Plant, Nursery, Lawn & Landscape Maintenance
- QH5. Vehicle Maintenance
- QH6. Building Maintenance & Janitorial
- QH7. Office Machines & Equipment
- QH8. Snow Removal
- QH9. Uniforms
- QH10. Security Personnel
- QH11. Packagers & Shippers
- QH12. Local Passenger Transportation
- QH13. Bus & Airport Services Not Listed Elsewhere

### **QJ. GENERAL BUILDING/FACILITIES CONTRACTORS**

- QJ1. Building Construction & Renovation
- QJ2. Building Framing
- QJ3. Roofing

- QJ4. Structure & Concrete Flatwork
- QJ5. Windows & Doors
- QJ6. Garage & Overhead Doors
- QJ7. Building Electrical
- QJ8. Drain & Septic Fields
- QJ9. Plumbers
- QJ10. HVAC Systems, Including Geothermal
- QJ11. Alternative Energy Systems
- QJ12. Elevators & Escalators
- QJ13. Siding, Stucco & Other Exterior Wall Finishes
- QJ14. Tile
- QJ15. Floor Coverings
- QJ16. Painting
- QJ17. Security Systems
- QJ18. Drywall & Other Interior Paneling systems
- QJ19. Communication Equipment & Systems
- QJ20. Security Systems

### **QL. CONSULTANTS (No Prequalification Required)**

- QL1. Information Technology & Related Products
- QL2. Management & Training

### **QW. CONSTRUCTION SITE CLEANUP**

- QW1. Road Construction Cleanup
- QW2. Building Construction Cleanup

### **RA. TEMPORARY HELP**

### **RJ. TRUCKING HEAVY CONSTRUCTION MATERIALS**

### **RK. WORK NOT CONTRACTED BY MDOT**

**SUPPLIERS**

(Note: Suppliers are designated as manufacturers, regular dealers, or brokers. Refer to the DBE Program Procedures Manual or 49 CFR § 26.55 for definitions.)

|  |  |
|--|--|
| <b>TA. Geotextile Fabrics</b>                                | <b>TM. Landscaping Products, Nursery Stock, Seed &amp; Sod, Mulch, Fertilizers, Erosion Control Products</b> |
| TAM. Manufacturer  | TMM. Manufacturer  |
| TAR. Regular dealer  | TMR. Regular dealer  |
| TAB. Broker  | TMB. Broker  |
| <b>TB. Asphalt &amp; Petroleum Products</b>                  | <b>TN. Office Equipment</b>  |
| TBM. Manufacturer  | TNM. Manufacturer  |
| TBR. Regular dealer  | TNR. Regular dealer  |
| TBB. Broker  | TNB. Broker  |
| <b>TC. Bus &amp; Automotive Parts</b>                        | <b>TO. Office Supplies</b>   |
| TCM. Manufacturer  | TOM. Manufacturer  |
| TCR. Regular dealer  | TOR. Regular dealer  |
| TCB. Broker  | TOB. Broker  |
| <b>TD. Construction Wood Products</b>                        | <b>TP. Paint, Tape, &amp; Other Construction Marking Materials.</b>  |
| TDM. Manufacturer  | <b>TP1. Structures</b>   |
| TDR. Regular dealer  | TP1M. Manufacturer   |
| TDB. Broker  | TP1R. Regular dealer   |
| <b>TE. Construction Epoxy, Sealants &amp; Other Coatings</b> | TP1B. Broker   |
| TEM. Manufacturer  | <b>TP2. Pavements</b>  |
| TER. Regular dealer  | TP2M. Manufacturer   |
| TER. Broker  | TP2R. Regular dealer   |
| <b>TF. Concrete &amp; Concrete Products</b>                  | TP2B. Broker   |
| TF1M. Concrete Manufacturer                                  | <b>TP3. Building - Interior/Exteriors</b>  |
| <b>TF2. Concrete Additives &amp; Treatments</b>              | TP3M. Manufacturer   |
| TF2M. Manufacturer   | TP3R. Regular dealer   |
| TF2R. Regular dealer   | TP3B. Broker   |
| TF2B. Broker   | <b>TR. Plastic &amp; Foam Construction Products</b>  |
| <b>TF3. Brick, Block, Pipe &amp; Other Structures</b>        | TRM. Manufacturer  |
| TF3R. Regular Dealer   | TRR. Regular dealer  |
| TF3B. Broker   | TRB. Broker  |
| <b>TG. Electrical Materials</b>                              | <b>TS. Railroad Equipment &amp; Supplies</b>   |
| TGM. Manufacturer  | TSM. Manufacturer  |
| TGR. Regular dealer  | TSR. Regular dealer  |
| TGB. Broker  | TSB. Broker  |
| <b>TH. Fence</b>   | <b>TV. Road Signs, Markers &amp; Barricades</b>  |
| THM. Manufacturer  | TVM. Manufacturer  |
| THR. Regular dealer  | TVR. Regular dealer  |
| THB. Broker3   | TVB. Broker  |
| <b>TI. Aggregates</b>  | <b>TW. Steel Products</b>  |
| TIM. Manufacturers/Producers                                 | TWM. Manufacturer  |
| TIR. Regular dealer  | TWR. Regular dealer  |
| TIB. Broker  | TWB. Broker  |
| <b>TJ. Guard rail &amp; Related Products</b>                 | <b>TY. Vending Machines</b>  |
| TJM. Manufacturer  | Airport  |
| TJR. Regular dealer  | Transit  |
| TJB. Broker  | TYM. Manufacturer  |
| <b>TK. Hardware &amp; Tools</b>                              | TYR. Regular dealer  |
| TKM. Manufacturer  | TYB. Broker  |
| TKR. Regular dealer  |  |
| TKB. Broker  |  |
| <b>TL. Janitorial Products</b>                               |  |
| TLM. Manufacturer  |  |
| TLR. Regular dealer  |  |
| TLB. Broker  |  |

**WORK EXPERIENCE RESUME**

A COPY OF THIS FORM MUST BE COMPLETED BY EACH OWNER, OFFICER, DIRECTOR AND OTHER PERSONNEL OF THE FIRM IDENTIFIED IN THE APPLICATION. PLEASE TYPE OR PRINT. DO NOT LEAVE ANYTHING BLANK. MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED.

|   |  |                       |                        |                               |
|---|--|-----------------------|------------------------|-------------------------------|
| NAME OF APPLICANT'S COMPANY               |  | YOUR NAME/TITLE       |                        |                               |
|   | <b>NAME AND LOCATION OF SCHOOLS ATTENDED</b> | <b>YEARS ATTENDED</b> | <b>DIPLOMA/ DEGREE</b> | <b>COURSES OF STUDY/MAJOR</b> |
| <b>EDUCATIONAL OR VOCATIONAL TRAINING</b> |  |                       |                        |                               |
| <b>COLLEGES AND UNIVERSITIES</b>          |  |                       |                        |                               |
| OTHER TRAINING                            |  |                       |                        |                               |

**EMPLOYMENT RECORD**

PLEASE LIST ALL OF YOUR WORK EXPERIENCE. START WITH YOUR MOST RECENT EMPLOYMENT AND WORK BACKWARDS. PROVIDE A DETAILED DESCRIPTION OF REGULARLY ASSIGNED, ONGOING DUTIES, FOR EACH JOB. ATTACH ADDITIONAL SHEETS IF NECESSARY.

|                    |                   |           |                        |          |
|--------------------|-------------------|-----------|------------------------|----------|
| EMPLOYER           |                   | JOB TITLE |                        |          |
| STREET ADDRESS     |                   | CITY      | STATE                  | ZIP CODE |
| DATE OF EMPLOYMENT | SUPERVISOR'S NAME |           | AVERAGE HOURS PER WEEK |          |

**DESCRIPTION OF YOUR DUTIES**

LIST UNION LICENSES, PROFESSIONAL REGISTRATIONS, ETC. WHICH ARE IN YOUR NAME

|                     |                   |           |                        |
|---------------------|-------------------|-----------|------------------------|
| EMPLOYER            |                   | JOB TITLE |                        |
| STREET ADDRESS      |                   | CITY      | STATE<br>ZIP CODE      |
| DATES OF EMPLOYMENT | SUPERVISOR'S NAME |           | AVERAGE HOURS PER WEEK |

**DESCRIPTION OF YOUR DUTIES**

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|                     |                   |           |                        |
|---------------------|-------------------|-----------|------------------------|
| EMPLOYER            |                   | JOB TITLE |                        |
| STREET ADDRESS      |                   | CITY      | STATE<br>ZIP CODE      |
| DATES OF EMPLOYMENT | SUPERVISOR'S NAME |           | AVERAGE HOURS PER WEEK |

**DESCRIPTION OF YOUR DUTIES**

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LIST ANY ADDITIONAL EXPERIENCE/INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

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**CERTIFICATION:** I certify that all information on this and all attached pages is true, correct, and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. **RESUME ATTACHED?** **YES** **NO**

|           |                     |      |
|-----------|---------------------|------|
| SIGNATURE | SOCIAL SECURITY NO. | DATE |
|-----------|---------------------|------|

## WORK TYPE REQUEST

COMPLETE ONE FORM FOR EACH WORK CLASSIFICATION REQUESTED. MAKE ADDITIONAL COPIES AS NEEDED.

COMPANY NAME

WORK CLASSIFICATION CODE

WORK CLASSIFICATION NAME

1) DESCRIBE THE WORK THAT YOUR COMPANY DOES IN THIS WORK CLASSIFICATION

2) LIST THOSE OWNERS AND EMPLOYEES WHO HAVE RESPONSIBILITY, OR WHOSE EXPERIENCE, EDUCATION AND EXPERTISE IS RELIED UPON IN THIS WORK CLASSIFICATION. FOR EACH INDIVIDUAL LISTED, BE SURE THAT A COMPLETE *WORK EXPERIENCE RESUME* HAS BEEN SUBMITTED.

| OWNER/KEY PERSONNEL | SUMMARIZE EDUCATION AND/OR YEARS OF EXPERIENCE IN THIS WORK CLASSIFICATION |
|---------------------|--|
|                     |  |
|                     |  |
|                     |  |
|                     |  |
|                     |  |
|                     |  |
|                     |  |
|                     |  |
|                     |  |

3) SUBMIT DOCUMENTATION OF EXPERIENCE (GOVERNMENT OR PRIVATE) IF THIS COMPANY IN THIS **WORK CLASSIFICATION**. PROVIDE COPIES OF PAGES FROM THE LARGEST COMPLETED CONTRACT, SUBCONTRACT, PURCHASE ORDER OR INVOICE SHOWING:

- Dollar amount, and
- Specific work performed, service provided or material supplied (include specific items or work and quantities supplied), and
- Signature page and proof of execution

4) LIST EQUIPMENT NECESSARY TO PERFORM IN THIS WORK CLASSIFICATION. CHECK IF OWNED, LEASED OR OTHERWISE AVAILABLE.

| EQUIPMENT NAME | Owned | Lease | Other | EQUIPMENT NAME | Owned | Lease | Other |
|----------------|-------|-------|-------|----------------|-------|-------|-------|
|                |       |       |       |                |       |       |       |
|                |       |       |       |                |       |       |       |
|                |       |       |       |                |       |       |       |
|                |       |       |       |                |       |       |       |

5) SUBMIT DOCUMENTATION OF EQUIPMENT OWNED OR LEASED/RENTED FOR THIS WORK CLASSIFICATION, INCLUDING:

- Registrations, titles, purchase orders and other proofs of purchase of equipment owned by your company, and
- Signed and executed lease or rental agreements for equipment leased or rented by your company.



## APPLICANTS FOR SUPPLY WORK CLASSIFICATIONS MUST ALSO COMPLETE THE FOLLOWING

1) What is your company's relationship to this product or material? Check all that apply.  
 Manufacturer                      Regular Dealer                      Broker

2) If the company manufactures or substantially alters this product/material, please explain:

3) Do you maintain an inventory of this product or material? If yes, provide a list showing your current inventory.  
 Yes                      No

4) Where do you store your inventory?

5) Is this space: (Check areas that apply)  
 Owned                      Rented/Leased                      Other  
 • Provide proof of ownership, lease/rental or evidence of other arrangements.

6) List the amount of your sales from this product/material for each of the last three years:

| YEAR | AMOUNT OF SALES |
|------|-----------------|
|      |                 |
|      |                 |
|      |                 |

7) List your company's top three customers for this product/material for the last three years:

| YEAR | CUSTOMER 1 | CUSTOMER 2 | CUSTOMER 3 |
|------|------------|------------|------------|
|      |            |            |            |
|      |            |            |            |
|      |            |            |            |

8) For this product/material, list suppliers and materials they supply. Attach additional sheets if necessary.

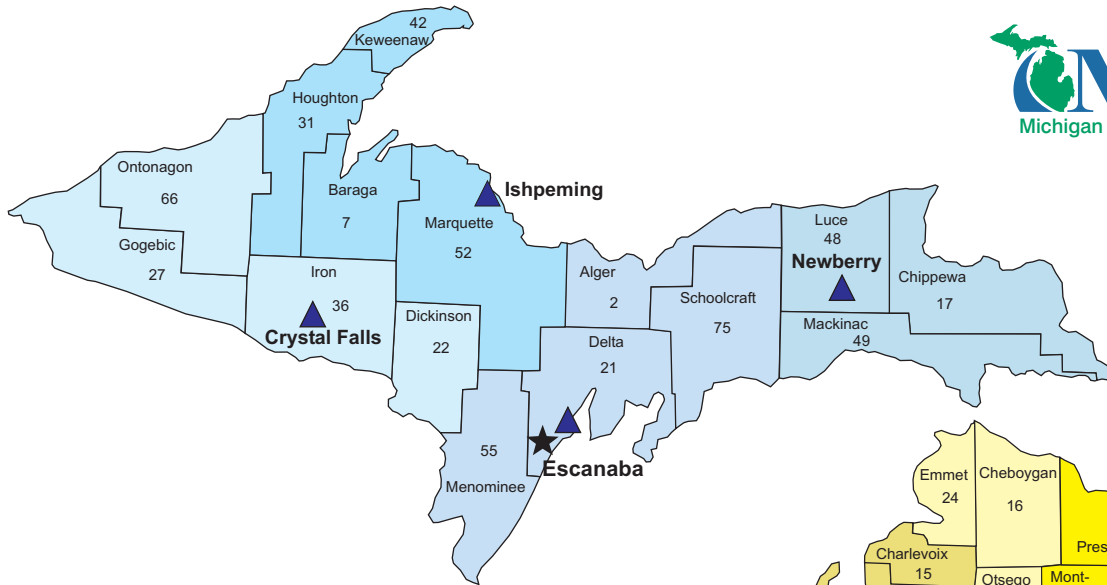
9) Does your company deliver these products/materials with it's own equipment?                      Yes                      No

10) If not listed previously, list equipment owned or leased by your company to deliver products/materials to customers:

AUTHORIZED SIGNATURE

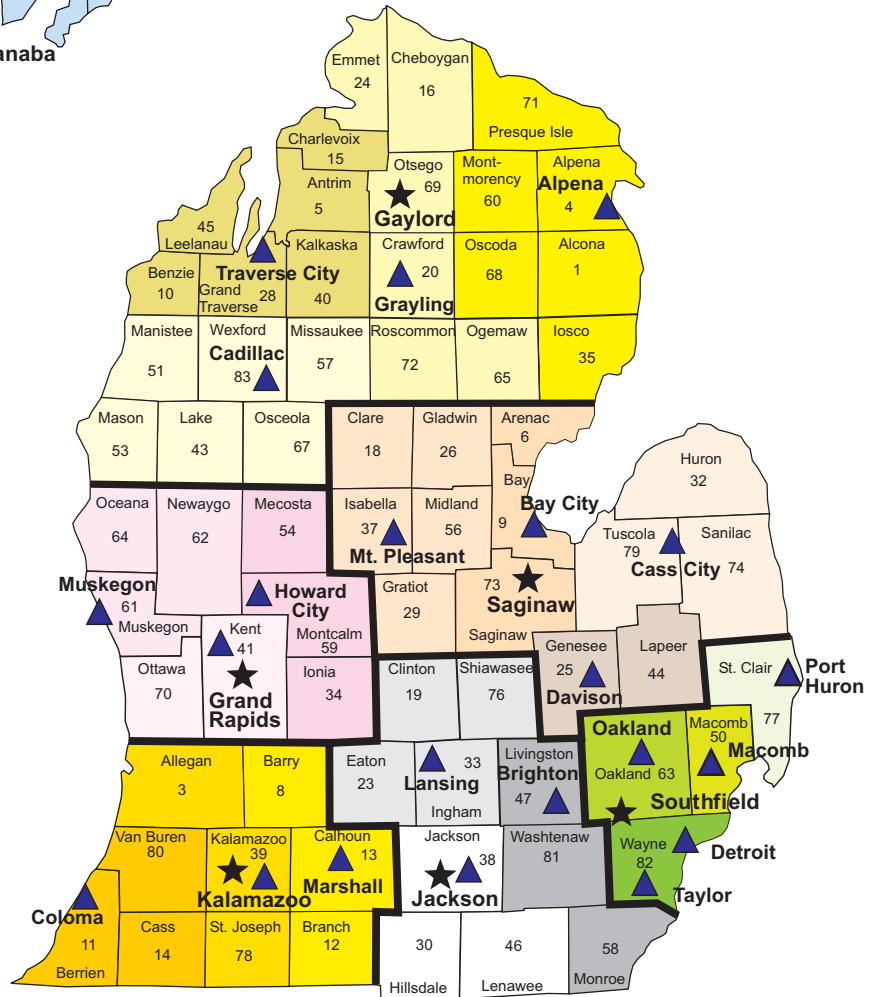
DATE

# MDOT Regions and Transportation Service Centers



## COUNTIES

| REGION                    | REGION                    |
|---------------------------|---------------------------|
| 1. ALCONA .....NOR        | 43. LAKE .....NOR         |
| 2. ALGER .....SUP         | 44. LAPEER .....BAY       |
| 3. ALLEGAN .....SWR       | 45. LEELANAU .....NOR     |
| 4. ALPENA .....NOR        | 46. LENEWEE .....UNIV     |
| 5. ANTRIM .....NOR        | 47. LIVINGSTON .....UNIV  |
| 6. ARENAC .....BAY        | 48. LUCE .....SUP         |
| 7. BARAGA .....SUP        | 49. MACKINAC .....SUP     |
| 8. BARRY .....SWR         | 50. MACOMB .....METRO     |
| 9. BAY .....BAY           | 51. MANISTEE .....NOR     |
| 10. BENZIE .....NOR       | 52. MARQUETTE .....SUP    |
| 11. BERRIEN .....SWR      | 53. MASON .....NOR        |
| 12. BRANCH .....SWR       | 54. MECOSTA .....GR       |
| 13. CALHOUN .....SWR      | 55. MENOMINEE .....SUP    |
| 14. CASS .....SWR         | 56. MIDLAND .....BAY      |
| 15. CHARLEVOIX .....NOR   | 57. MISSAUKEE .....NOR    |
| 16. CHEBOYGAN .....NOR    | 58. MONROE .....UNIV      |
| 17. CHIPPewa .....SUP     | 59. MONTCALM .....GR      |
| 18. CLARE .....BAY        | 60. MONTMORENCY .....NOR  |
| 19. CLINTON .....UNIV     | 61. MUSKOGON .....GR      |
| 20. CRAWFORD .....NOR     | 62. NEWAYGO .....GR       |
| 21. DELTA .....SUP        | 63. OAKLAND .....METRO    |
| 22. DICKINSON .....SUP    | 64. OCEANA .....GR        |
| 23. EATON .....UNIV       | 65. OGEAW .....NOR        |
| 24. EMMET .....NOR        | 66. ONTONAGON .....SUP    |
| 25. GENESEE .....BAY      | 67. OCEOLA .....NOR       |
| 26. GLADWIN .....BAY      | 68. OSCODA .....NOR       |
| 27. GOGEBIC .....SUP      | 69. OTSEGO .....NOR       |
| 28. GD. TRAVERSE .....NOR | 70. OTTAWA .....GR        |
| 29. GRATIOT .....BAY      | 71. PRESQUE ISLE .....NOR |
| 30. HILLSDALE .....UNIV   | 72. ROSCOMMON .....NOR    |
| 31. HOUGHTON .....SUP     | 73. SAGINAW .....BAY      |
| 32. HURON .....BAY        | 74. SANILAC .....BAY      |
| 33. INGHAM .....UNIV      | 75. SCHOOLCRAFT .....SUP  |
| 34. IONIA .....GR         | 76. SHIAWASSEE .....UNIV  |
| 35. IOSCO .....NOR        | 77. ST. CLAIR .....METRO  |
| 36. IRON .....SUP         | 78. ST. JOSEPH .....SWR   |
| 37. ISABELLA .....BAY     | 79. TUSCOLA .....BAY      |
| 38. JACKSON .....UNIV     | 80. VAN BUREN .....SWR    |
| 39. KALAMAZOO .....SWR    | 81. WASHTENAW .....UNIV   |
| 40. KALKASKA .....NOR     | 82. WAYNE .....METRO      |
| 41. KENT .....GR          | 83. WEXFORD .....NOR      |
| 42. KEWEENAW .....SUP     |                           |



|          |            |               |
|----------|------------|---------------|
| Superior | Southwest  | Metro         |
| North    | University | Region Office |
| Grand    | Bay        | TSC           |

(variations in color indicate TSC boundaries)

## **DBE UNIFORM CERTIFICATION APPLICATION SUPPORTING DOCUMENTS CHECKLIST**

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

### **All Applicants**

Work experience resumes (that include places of ownership/employment with corresponding dates), for all owners and officers of your firm  
Personal Financial Statement (form available with this application)  
Personal tax returns for the past three years, if applicable, for each owner claiming disadvantaged status  
Your firm's tax returns (gross receipts) and all related schedules for the past three years  
Documented proof of contributions used to acquire ownership for each owner (e.g. both sides of cancelled checks)  
Your firm's signed loan agreements, security agreements, and bonding forms  
Descriptions of all real estate (including office/storage space, etc.) owned/leased by your firm and documented proof of ownership/signed leases  
List of equipment leased and signed lease agreements  
List of construction equipment and/or vehicles owned and titles/proof of ownership  
Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past two years  
Year-end balance sheets and income statements for the past three years (or life of firm, if less than three years); a new business must provide a current balance sheet  
All relevant licenses, license renewal forms, permits, and haul authority forms  
DBE and SBA 8(a) or SDB certifications, denials, and/or decertifications, if applicable  
Bank authorization and signatory cards  
Schedule of salaries (or other compensation or remuneration) paid to all officers, managers, owners, and/or directors of the firm  
Trust agreements held by any owner claiming disadvantaged status, if any

### **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

**NOTE:** The specific state UCP to which you are applying may have additional required documents that you must also supply with your application. Contact the appropriate certifying agency to which you are applying to find out if more is required.