

FLORIDA UNIFIED CERTIFICATION PROGRAM



FLORIDA DEPARTMENT OF TRANSPORTATION
Equal Opportunity Office, 605 Suwannee Street, MS 65, Tallahassee, Florida 32399-0450
Phone: (850) 414-4747 / Fax: (850) 414-4879

Disadvantaged Business Enterprise (DBE) Program
AFFIDAVIT FOR CONTINUING ELIGIBILITY

DECLARATION

This declaration executed under penalty of perjury of the laws of the United States and State of Florida.

[Print All Items]

BUSINESS NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(Include City State and Zip Code)

MAILING: (If different): \_\_\_\_\_

(Include City, State and Zip Code)

PHONE: ( ) - FAX: ( ) -

E-MAIL ADDRESS: \_\_\_\_\_

You must include the following with this affidavit:

- 1. COMPLETE BUSINESS TAX RETURN FOR THE CURRENT YEAR; This must be a Form 1120, 1120S, 1065 or a Schedule C, together with all related schedules and statements. (YOU MUST INCLUDE THE GROSS RECEIPTS OF ANY AND ALL AFFILIATE BUSINESSES TOGETHER WITH THEIR RESPECTIVE TAX RETURNS, AS WELL).
2. UP-TO-DATE STATEMENT OF PERSONAL NET WORTH [PNW] (copy enclosed); A separate PNW is required for every owner claiming disadvantaged status. (Do not include the value of a primary residence or the DBE firm).
3. COMPLETE CURRENT YEAR PERSONAL TAX RETURN; A separate Form 1040 is required for every owner claiming disadvantaged status. (Must include all related schedules and statements).
4. CURRENT BUSINESS, OCCUPATIONAL, PROFESSIONAL LICENSE, AND REQUIRED CERTIFICATIONS: (renewed since last affidavit or DBE application).
5. SUPPORT DOCUMENTATION FOR ANY AFFIRMATIVE ("YES") RESPONSE TO ITEMS "B" OR "C" FOUND ON THE OTHER SIDE OF THIS AFFIDAVIT.

FAILURE TO SUBMIT THIS AFFIDAVIT, BY THE ANNIVERSARY DATE, AND/OR FAILING TO PROVIDE ALL REQUIRED SUPPORT DOCUMENTATION, WILL RESULT IN DBE CERTIFICATION REMOVAL BY THE DEPARTMENT.

**YOU MUST COMPLETE ITEMS A, B, AND C, BELOW**

- A. CURRENT YEAR GROSS RECEIPTS: \$ \_\_\_\_\_.  
*(If you filed an IRS Tax Return Extension, you must provide a copy of the extension, and a current year income statement).*
- B. CHANGE IN OWNERSHIP THIS PAST YEAR: YES  NO   
*(If "yes," New Owners must submit an "Affidavit of Certification", proof of investment; documents indicating race, gender, ethnicity and citizenship status; stock certificates, partnership agreements, Corporate Meeting Minutes etc. reflecting said changes for all new owners).*
- C. CHANGE IN MANAGEMENT: (Include Board of Directors for Corporations) YES  NO   
*(If "Yes," provide the names, title, and detail resume that includes employer's name, dates, and description of duties and responsibilities).*

**Must Be Signed By All Disadvantaged Individual Owners**

I/We understand that any material misrepresentation shall be grounds for REMOVING DBE certification, and initiation of actions under Federal and/or State laws regarding the making of false statements.

I/We hereby certify that there have been no material changes to the information provided with this firm's most recent complete application for DBE certification, except those herein conveyed to the Florida Department of Transportation's Equal Opportunity Office, in writing.

_____	_____
<i>(Printed name/title)</i>	<i>(Signature, Disadvantaged Owner)</i>
_____	_____
<i>(Printed name/title)</i>	<i>(Signature, Disadvantaged Owner)</i>
_____	_____
<i>(Printed name/title)</i>	<i>(Signature, Disadvantaged Owner)</i>
_____	_____
<i>(Printed name/title)</i>	<i>(Signature, Disadvantaged Owner)</i>

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_.

*(Type of Identification Produced)*

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
*(Signature of Notary)*

\_\_\_\_\_  
*(Notary's Printed Name)*

My Commission Expires: \_\_\_\_\_

*(Use Additional Sheets, If Necessary)*

# COMPLETING A PERSONAL NET WORTH STATEMENT

(Personal Net Worth Statements and Related Financial Information Are Not Subject To Public Disclosure Laws)

## **For New Applicants:**

**All Owners Claiming Disadvantaged Status MUST Submit An Up-To-Date Personal Net Worth Statement, And Support It, By Providing Complete (All Schedules) Signed Copies Of Their Last Three Federal Individual Income Tax Returns (1040) Filed With The Internal Revenue Service.**

## **For Continuing Eligibility:**

**All Owners Claiming Disadvantaged Status MUST Submit An Up-To-Date Personal Net Worth Statement, And Support It, By Providing A Complete (All Schedules) Signed Copy Of Their Most Recent Federal Individual Income Tax Return (1040) Filed With The Internal Revenue Service.**

Each Owner Claiming Disadvantaged Status Must Provide His Or Her Own Individual Personal Net Worth Statement And Complete Personal Tax Returns.

Married Owners, Both Claiming Disadvantaged Status, Must Provide Individual Personal Net Worth Statements. Joint Statements Are Not Acceptable. However, A Single Set Of Complete "Joint" Tax Returns Is Acceptable In This Situation.

Read The Descriptions Provided In The Heading Of Each Section.

You must complete each asset and liability section (1 through 12) transferring the total from each section to the Summary Page. For any section where no asset or liability exists, you must indicate "Not Applicable," and enter zero(s). If you require more space in any section, attach additional sheets, and reference the appropriate section number and heading.

If you hold any asset or liability jointly, you, the disadvantaged individual, need only reflect the value of your individual share.

**"Owner Equity In Primary Residence" Is The Current Fair Market Value Of Your Primary (Homestead) Residence, Less The Total Dollar Amount Of All Outstanding Mortgages, Loans Or Other Financial Lien Amounts Against This Property And Any Improvements Thereon. Do Not Include The Resulting Dollar Amount, As Either An Asset Or A Liability, In Calculating Your Personal Net Worth. Do Not Include The Total Dollar Amount Of All Outstanding Mortgages, Loans Or Other Financial Lien Amounts Against Your Primary Residence, As A Liability, In Calculating Your Personal Net Worth.**

**Do Not Include The Current Fair Market Value Of The DBE Applicant Business As An Asset.**

**Do Not Include The Total Dollar Amount Of All Mortgages, Loans, Lines Of Credit And Other Financial Lien Amounts Against The Applicant Business, Even If You Are Personally Liable For Repayment Should The Business Default, As A Liability.**

Name: \_\_\_\_\_

**SECTION 1: CASH ON HAND & IN BANKS**

This is the total amount of your cash on hand, including funds deposited in U.S and Foreign financial institutions. This includes, but is not limited to, funds accumulated in savings accounts, checking accounts, certificates of deposit and money market accounts.

NAME OF FINANCIAL INSTITUTION	ACCOUNT TYPE	OWNERSHIP %	AMOUNT
			\$
<b>CASH ON HAND</b>			

**TOTAL CASH (Transfer to Summary Page Line 1): \$ \_\_\_\_\_**

**SECTION 2: IRA OR OTHER RETIREMENT ACCOUNTS**

Individual and other retirement accounts include any fund representing an IRA, an employer/employee funded program such as a 401K or any other retirement plan. This includes the individual and employer contributions made to the plan.

NAME OF COMPANY OR INSTITUTION HOLDER	CURRENT VALUE

**TOTAL RETIREMENT ACCOUNTS (Transfer to Summary Page Line 2) \$ \_\_\_\_\_**

**SECTION 3: LIFE INSURANCE - CASH SURRENDER VALUE**

The CASH SURRENDER VALUE of any life insurance policies you own. Indicate any loans against these policies.

NAME OF INSURANCE COMPANY	CASH VALUE	LOAN AMOUNT
	\$	\$
	\$	\$
	\$	\$

**TOTAL CASH VALUE (Transfer to Summary Page Line 3) \$ \_\_\_\_\_**

**TOTAL LOANS OUTSTANDING (Transfer to Summary Page Line 13) \$ \_\_\_\_\_**

**SECTION 4: STOCKS, BONDS, AND OTHER SECURITIES**

The value of your stocks, bonds, securities, and any other investments not covered in previous sections. **DO NOT INCLUDE THE VALUE OF STOCK IN THE APPLICANT BUSINESS.**

TRUSTEE OR BROKERAGE ACCOUNT	OWNERSHIP %	MARKET VALUE
		\$
		\$
		\$

**TOTAL STOCKS, BONDS, & SECURITIES (Transfer to Summary Page Line 4) \$ \_\_\_\_\_**

**SECTION 5: CURRENT FAIR MARKET VALUE OF OTHER BUSINESS INTERESTS**

If you own more than 5% of any other business, you must declare the current fair market value of your interest in each of these businesses. Use the most recent financial statement to determine the value of your ownership interest(s).

NAME OF BUSINESS	CURRENT VALUE OF YOUR OWNERSHIP
1.	\$
2.	\$
3.	\$

**TOTAL VALUE OF OWNERSHIP (Transfer to Summary Page Line 5) \$ \_\_\_\_\_**

Name: \_\_\_\_\_

**SECTION 6: REAL ESTATE**

**DO NOT LIST YOUR PRIMARY RESIDENCE OR ANY MORTGAGE OR OTHER LOAN(S) AGAINST YOUR PRIMARY RESIDENCE.** List all other residential and business property at current market value. This includes, but is not limited to, rental homes, condominiums, beach homes, and second homes as investments, personal property leased or rented for business purposes, farm properties or any other income producing land or property. List all mortgages against these real properties. (Use additional sheet, as necessary. Identify all lending institutions on a separate sheet)

ADDRESS (Include County and State)	TYPE OF USE	OWNERSHIP %	MARKET VALUE	MORTGAGE BALANCE

TOTAL REAL ESTATE (Transfer to Summary Page Line 6) \$ \_\_\_\_\_

MORTGAGE LOAN(S) (Transfer to Summary Page Line 14) \$ \_\_\_\_\_

**SECTION 7: PERSONAL VEHICLES**

List all personal autos, trucks, boats, and recreational vehicles owned at current market value. Include personally owned vehicles leased or rented to businesses or other individuals. Include any loan balances against these personal vehicles.

YEAR AND DESCRIPTION	OWNERSHIP %	CURRENT VALUE	NOTE BALANCE

TOTAL VALUE (Transfer to Summary Page Line 7) \$ \_\_\_\_\_

TOTAL LOAN BALANCE (Transfer to Summary Page Line 12) \$ \_\_\_\_\_

**SECTION 8: OTHER PERSONAL PROPERTY**

**YOU MUST DECLARE ALL OTHER PERSONAL PROPERTY**, which includes, but is not limited to, household goods, computers, electronic equipment, jewelry, antiques and collectibles, etc. at their current market value. You must retain your compilation list, but you need only provide the total below. Calculate only the value of your share of ownership. For example, if the total value is \$100, and your share is one-half, you would list \$50 as the Total.

DESCRIPTION	AMOUNT

TOTAL OTHER PERSONAL PROPERTY (Transfer to Summary Page Line 8) \$ \_\_\_\_\_

**SECTION 9: OTHER ASSETS**

The market value of any other assets you own that do not fit into one of the foregoing sections.

DESCRIPTION OF ASSETS	VALUE

TOTAL OTHER ASSETS (Transfer to Summary Page Line 9) \$ \_\_\_\_\_

Name: \_\_\_\_\_

**SECTION 10: ACCOUNTS PAYABLE**

These include credit card debt, store accounts and other personal obligations, not associated with the applicant firm, payable by you personally. Do not include payables listed in other sections.

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT

**TOTAL ACCOUNTS PAYABLE (Transfer to Summary Page Line 10) \$ \_\_\_\_\_**

**SECTION 11: NOTES PAYABLE**

Include the current balance(s) of any personal loan(s) not reflected elsewhere in this document and any other personal debt guaranteed by your signature. Shareholder loans must be in the form of a written agreement, with defined interest and a repayment schedule. **DO NOT INCLUDE BUSINESS RELATED NOTES FOR WHICH YOU ARE, IN ANY WAY, PERSONALLY RESPONSIBLE.**

DESCRIPTION OF LOAN	AMOUNT

**TOTAL NOTES PAYABLE (Transfer to Summary Page Line 11) \$ \_\_\_\_\_**

**SECTION 12 UNPAID TAXES**

Include your portion of any current obligation for unpaid taxes, i.e. Federal, State, or County property assessments. **WE MAY REQUEST EVIDENCE OF THIS OBLIGATION.**

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT

**TOTAL UNPAID TAXES (Transfer to Summary Page Line 15) \$ \_\_\_\_\_**

**SECTION 13: OTHER LIABILITIES**

Include your share of any liability not previously accounted for in this statement. **DO NOT LIST ANY CONTINGENT OR DEFERRED LIABILITIES. DO NOT LIST ANY APPLICANT BUSINESS LIABILITIES.**

DESCRIPTION	AMOUNT

**TOTAL OTHER LIABILITIES (Transfer to Summary Page Line 16) \$ \_\_\_\_\_**

A. In the last two years, has this owner transferred any asset to the spouse, or other individual, or has this owner established any trust accounts?  Yes  No (If "Yes," provide a statement describing the items transferred and market cost. Provide a copy of written documents applicable.)

**NET WORTH SUMMARY PAGE  
FLORIDA UNIFIED CERTIFICATION PROGRAM**

**PERSONAL NET WORTH OF** \_\_\_\_\_  
(PRINTED NAME OF INDIVIDUAL)

**AS OF:** \_\_\_\_\_  
(DATE)

<b>ASSETS</b>	<b>DOLLAR VALUE</b>
1. Cash (Total Section 1)	\$ _____
2. Retirement Accounts (Total Section 2)	_____
3. Life Insurance (Total Section 3)	_____
4. Stocks, Bonds, and Other Securities (Total Section 4)	_____
5. Fair Market Value of Other Business(s) (Total Section 5)	_____
6. Real Estate (Total Section 6)	_____
7. Personal Vehicles (Total Section 7)	_____
8. Other Personal Property (Total Section 8)	_____
9. Other Assets (Total Section 9)	_____
<b>TOTAL ASSETS</b>	<b>\$ _____</b>

<b>LIABILITIES</b>	<b>DOLLAR VALUE</b>
10. Accounts Payable (Total Section 10)	\$ _____
11. Notes Payable (Total Section 11)	_____
12. Notes on Personal Vehicles (Total Section 7)	_____
13. Loans against Life Insurance (Total Section 3)	_____
14. Real Estate Mortgage(s) (Total Section 6)	_____
15. Unpaid Taxes (Total from Section 12)	_____
16. Other Liabilities (Total Section 13)	_____
<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>
<b>NET WORTH (Total Assets, Minus Total Liabilities)</b>	<b>\$ _____</b>