



Important Information!!!

DBE's, Prime Contractors and Consultants

The U.S. Department of Transportation [USDOT] now requires that all recipients of FAA, FTA and FHWA Federal funds participate in a Unified Certification Program [UCP] within their respective states. Florida's UCP has been approved and is fully operational.

What is the UCP?

- The UCP provides "one stop shopping" for all firms seeking certification as a Disadvantaged Business Enterprise [DBE] in Florida.
- The DBE certification of a firm will be accepted by all USDOT recipients in Florida.
- The standards and criteria utilized in the certification process are uniform and thus reduce the temptation and opportunity for a firm to "forum" shop for certification.

What does this mean to you?

- When you utilize DBE's on your Federal Aid projects you need only require a single DBE certification letter or certificate from a **Certifying Member** of the UCP.
- You will be able to access a single DBE Directory that will allow you to identify and locate every firm authorized to participate in Florida's DBE Program.

<https://www3.dot.state.fl.us/EqualOpportunityOffice/biznet/mainmenu.asp>

How does this benefit DBEs?

- There is a significant reduction in the paper work required to maintain DBE certification with the numerous recipient programs in Florida. From now on, you need only establish and maintain your DBE certification with one Certifying Member.

Points To Remember:

- There are many small and minority owned business programs throughout the State (MBE, WBE, CSBE, HBE, SDBE, 8a etc.) Most of these programs are governed by State and/or local laws, and as such they are NOT part of the DBE Program or the UCP certification process. The DBE Program is driven by Federal Rule, and applies only to USDOT assisted contracts and programs.
- State, County and Municipal Programs may or may not accept the UCP's DBE certification, whereas USDOT's Florida recipients do NOT accept any of the other certifications for its program. You should contact individual agencies regarding their individual policies.
- A DBE firm MUST be certified prior to the submission of bids.
- Every state must have its own UCP. However, at this time Florida's UCP has no reciprocal agreements with other states. This simply means that Florida does not accept a DBE certification from another state and visa versa.
- There is a "Home State Rule" requiring that a DBE applicant to Florida's UCP, domiciled in another state, must be DBE certified in and by its "home state" before it can be considered for DBE certification in Florida.

Simplicity and efficiency for prime contractors, consultants and DBE firms in Florida are the net result of the Unified Certification Program.

Florida UCP Members

*Florida Department of Transportation**
Melbourne Airport Authority
*Hillsborough County Aviation Authority**
*Sarasota Manatee Airport Authority**
Council on Aging of St. Lucie County
St. Lucie County
City of Ocala
*Broward County**
Panama City MPO
Pinellas Suncoast Transit Authority
*Miami-Dade County**
LYNX/Central Florida Regional Transportation Authority
*City of Tallahassee**
*Lee County Port Authority**
*Jacksonville Airport Authority**
*Volusia County**
Escambia Country Area Transit
Collier Area Transit
Charlotte County Transit
*Jacksonville Transportation Authority**
Sarasota County Transportation Authority
South Florida Regional Transportation Authority
City of St. Petersburg
*Greater Orlando Aviation Authority**

St. Petersburg/Clearwater International Airport
Lee County Transit
Okaloosa County
Indian River County Council on Aging
*Key West International & Florida Keys Marathon Airport**
City of Umatilla
City of Leesburg
Manatee County Area Transit
Lee County
Space Coast Area Transit
*Palm Beach International Airport**
*Palm Tran**
Panama City-Bay County Airport & Industrial District
City of Key West – DOT
Hillsborough Transit Authority
City of Gainesville
City of Naples Airport Authority
Boca Raton Airport Authority
Lake County
St. Johns County
City of Miramar
Lakeland Area Mass Transit District

****Certifying Members***



DISADVANTAGED BUSINESS ENTERPRISE PROGRAM
49 CFR PART 26
UNIFIED CERTIFICATION APPLICATION



ROADMAP FOR APPLICANTS

① Should I apply?

- Is your firm at least 51%-owned by a socially and economically disadvantaged individual(s) who also controls the firm?
- Is the disadvantaged owner a U.S. citizen or lawfully admitted permanent resident of the U.S.?
- Is your firm a small business that meets the Small Business Administration's (SBA's) size standard and does not exceed \$22.41 million in gross annual receipts?
- Is your firm organized as a for-profit business?

If you answered "Yes" to all of the questions above, you may be eligible to participate in the U.S. DOT DBE program.

② Be sure to attach all of the required documents listed in the Supporting Documents Checklist (page v) of this form with your completed application.

③ Where can I find more information?

- U.S. DOT—<http://osdbu.dot.gov/DBEProgram/index.cfm> (this site provides useful links to the rules and regulations governing the DBE program, questions and answers, and other pertinent information)
- SBA – <http://www.ntis.gov/products/naics.aspx> (provides a listing of NAICS codes) and <http://www.sba.gov/size/indextableofsize.html> (provides a listing of SIC codes)
- [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

INSTRUCTIONS FOR COMPLETING THE DISADVANTAGED BUSINESS ENTERPRISE (DBE) PROGRAM UNIFIED CERTIFICATION APPLICATION NOTE: If you require additional space for any question in this application, please attach additional sheets or copies as needed, taking care to indicate on each attached sheet/copy the section and number of this application to which it refers.

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

Check the appropriate box indicating for which program your firm is currently certified. If certified as a DBE, indicate in the appropriate box the name of the certifying agency that has previously certified your firm, and indicate whether your firm has undergone an onsite visit. If your firm has already undergone an onsite visit/review, indicate the most recent date of that review and the state UCP certifying member that conducted the review.

B. Prior/Other Applications and Privileges

Indicate whether your firm or any of the persons listed has ever withdrawn an application for a DBE program or an SBA 8(a) or SDB program, or whether any have ever been denied certification, decertified, debarred, suspended, or had bidding privileges denied or restricted by any state or local agency or Federal entity. If your answer is yes, indicate the date of such action, identify the name of the agency, and explain fully the nature of the action in the space provided.

Section 2: GENERAL INFORMATION

A. Contact Information

- (1) State the name and title of the person who will serve as your firm's primary contact under this application.
- (2) State the legal name of your firm, as indicated in your firm's Articles of Incorporation.
- (3) Indicate the primary phone number of your firm.
- (4) Indicate a secondary phone number, if any.
- (5) Indicate your firm's fax number, if any.
- (6) Indicate your firm's or your contact person's email address.
- (7) Indicate your firm's website address, if any.
- (8) State the street address of your firm (i.e. the physical location of its offices -- not a post office box address).
- (9) State the mailing address of your firm, if it is different from your firm's street address.

B. Business Profile

- (1) In the box provided, briefly describe the primary business and professional activities in which your firm engages.
- (2) Give the Federal Tax ID number of your firm as provided on your firm's filed tax returns, if you have one. This could also be the Social Security number of the owner of your firm.
- (3) Give the date on which your firm was officially established, as stated in your firm's Articles of Incorporation.
- (4) Give the date on which you and/or each other owner took ownership of the firm.
- (5) Check the appropriate box that describes the manner in which you and each other owner acquired ownership of your firm. If you checked "Other," explain in the space provided.

- (6) Check the appropriate box that indicates whether your firm is "for profit."

NOTE: If you checked "No," then you do NOT qualify for the DBE program and therefore do not need to complete the rest of this application. The DBE program requires all participating firms be for-profit enterprises.

- (7) Check the appropriate box that describes the legal form of ownership of your firm, as indicated in your firm's Articles of Incorporation. If you checked "Other," briefly explain in the space provided.
- (8) Check the appropriate box that indicates whether your firm has ever existed under different ownership, a different type of ownership, or a different name. If you checked "Yes," specify which and briefly explain the circumstances in the space provided.
- (9) Indicate in the spaces provided how many employees your firm has, specifying the number of employees who work on a full-time and part-time basis.
- (10) Specify the total gross receipts of your firm for each of the past three years, as declared in your firm's filed tax returns.

C. Relationships with Other Businesses

- (1) Check the appropriate box that indicates whether your firm is co-located at any of its business locations, or whether your firm shares a telephone number(s), a post office box, any office space, a yard, warehouse, other facilities, any equipment, or any office staff with any other business, organization, or entity of any kind. If you answered "Yes," then specify the name of the other firm(s) and briefly explain the nature of the shared facilities or other items in the space provided.
- (2) Check the appropriate box that indicates whether at present, or at any time in the past:
 - (a) your firm has been a subsidiary of any other firm;
 - (b) your firm consisted of a partnership in which one or more of the partners are other firms;
 - (c) your firm has owned any percentage of any other firm; and
 - (d) your firm has had any subsidiaries of its own.
- (3) Check the appropriate box that indicates whether any other firm has ever had an ownership interest in your firm.
- (4) If you answered "Yes" to any of the questions in (2)(a)-(d) or (3), identify the name, address and type of business for each.

D. Immediate Family Member Businesses

Check the appropriate box that indicates whether any of your immediate family members own or manage another company. An "immediate family member" is any person who is your father, mother, husband, wife, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, mother-in-law, or father-in-law. If you answered "Yes," provide the name of each relative, your relationship to them, the name of the company they own or manage the type of business, and whether they own or manage the company.

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below (if your firm has more than one owner, provide completed copies of this section for each additional owner):

A. Background Information

- (1) Give the name of the owner.
- (2) State his/her title or position within your firm.
- (3) Give his/her home phone number.
- (4) State his/her home (street) address.
- (5) Check the appropriate box that indicates this owner's gender.
- (6) Check the appropriate box that indicates this owner's ethnicity (check all that apply). If you checked "Other," specify this owner's ethnic group/identity not otherwise listed.
- (7) Check the appropriate box to indicate whether this owner is a U.S. citizen.
- (8) If this owner is not a U.S. citizen, check the appropriate box that indicates whether this owner is a lawfully admitted permanent resident. If this owner is neither a U.S. citizen nor a lawfully admitted permanent resident of the U.S., then this owner is NOT eligible for certification as a DBE owner. This, however, does not necessarily disqualify your firm altogether from the DBE program if another owner is a U.S. citizen or lawfully admitted permanent resident and meets the program's other qualifying requirements.

B. Ownership Interest

- (1) State the number of years during which this owner has been an owner of your firm.
- (2) Indicate the dollar value of this owner's initial investment to acquire an ownership interest in your firm, broken down by cash, real estate, equipment, and/or other investment.
- (3) State the percentage of total ownership control of your firm that this owner possesses.
- (4) State the familial relationship of this owner to each other owner of your firm.
- (5) Indicate the number, percentage of the total, class, date acquired, and method by which this owner acquired his/her shares of stock in your firm.
- (6) Check the appropriate box that indicates whether this owner performs a management or supervisory function for any other business.

If you checked "Yes," state the name of the other business and this owner's title or function held in that business.

- (7) Check the appropriate box that indicates whether this owner owns or works for any other firm(s) that has any relationship with your firm. If you checked "Yes," identify the name of the other business and this owner's title or function held in that business. Briefly describe the nature of the business relationship in the space provided.

C. Disadvantaged Status

NOTE: You only need to complete this section for each owner that is applying for DBE qualification (i.e. for each owner who is claiming to be "socially and economically disadvantaged" and whose ownership interest is to be counted toward the control and 51% ownership requirements of the DBE program)

- (1) Indicate in the space provided the total Personal Net Worth (PNW) of each owner who is applying for DBE qualification. Use the PNW calculator form at the end of this application to compute each owner's PNW.
- (2) Check the appropriate box that indicates whether any trust has ever been created for the benefit of this disadvantaged owner. If you answered "Yes," briefly explain the nature, history, purpose, and current value of the trust(s).

Section 4: CONTROL**A. Identify your firm's Officers and Board of Directors:**

- (1) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each officer of your firm.
- (2) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each individual serving on your firm's Board of Directors.
- (3) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above performs a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.
- (4) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the officer or director, and the nature of his/her business relationship with that other firm.

B. Identify your firm's management personnel (by name, title, ethnicity, and gender) who control your firm in the following areas:

- (1) Making of financial decisions on your firm's behalf, including the acquisition of lines of credit, surety bonds, supplies, etc.;
- (2) Estimating and bidding, including calculation of cost estimates, bid preparation and submission;

- (3) Negotiating and contract execution, including participation in any of your firm's negotiations and executing contracts on your firm's behalf;
 - (4) Hiring and/or firing of management personnel, including interviewing and conducting performance evaluations;
 - (5) Field/Production operations supervision, including site supervision, scheduling, project management services, etc.;
 - (6) Office management;
 - (7) Marketing and sales;
 - (8) Purchasing of major equipment;
 - (9) Signing company checks (for any purpose); and
 - (10) Conducting any other financial transactions on your firm's behalf not otherwise listed.
 - (11) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.
 - (12) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the name of the person, and the nature of his/her business relationship with that other firm.
- C. Indicate your firm's inventory in the following categories:**
- (1) Equipment**
State the type, make and model, and current dollar value of each piece of equipment held and/or used by your firm. Indicate whether each piece is either owned or leased by your firm.
 - (2) Vehicles**
State the type, make and model, and current dollar value of each motor vehicle held and/or used by your firm. Indicate whether each vehicle is either owned or leased by your firm.
 - (3) Office Space**
State the street address of each office space held and/or used by your firm. Indicate whether your firm owns or leases the office space and the current dollar value of that property or its lease.
 - (4) Storage Space**
State the street address of each storage space held and/or used by your firm. Indicate whether your firm owns or leases the storage space and the current dollar value of that property or its lease.
- D. Does your firm rely on any other firm for management functions or employee payroll?**
Check the appropriate box that indicates whether your firm relies on any other firm for management functions or for employee payroll. If you answered "Yes," briefly explain the nature of that reliance and the extent to which the other firm carries out such functions.

E. Financial Information

- (1) Banking Information
 - (a) State the name of your firm's bank.
 - (b) Give the main phone number of your firm's bank branch.
 - (c) Give the address of your firm's bank branch.
- (2) Bonding Information
 - (a) State your firm's Binder Number.
 - (b) State the name of your firm's bond agent and/or broker.
 - (c) Give your agent's/broker's phone number.
 - (d) Give your agent's/broker's address.
 - (e) State your firm's bonding limits (in dollars), specifying both the Aggregate and Project Limits.

F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of persons or firms securing the loan, if other than the listed owner:

State the name and address of each source, the original dollar amount and the current balance of each loan, and the purpose for which each loan was made to your firm.

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years:

Indicate in the spaces provided, the type of contribution or asset that was transferred, its current dollar value, the person or firm from whom it was transferred, the person or firm to whom it was transferred, the relationship between the two persons and/or firms, and the date of the transfer.

H. List current licenses/permits held by any owner or employee of your firm.

List the name of each person in your firm who holds a professional license or permit, the type of permit or license, the expiration date of the permit or license, and the license/permit number and issuing State of the license or permit.

I. List the three largest contracts completed by your firm in the past three years, if any.

List the name of each owner or contractor for each contract, the name and location of the projects under each contract, the type of work performed on each contract, and the dollar value of each contract.

J. List the three largest active jobs on which your firm is currently working.

For each active job listed, state the name of the prime contractor and the project number, the location, the type of work performed, the project start date, the anticipated completion date, and the dollar value of the contract.

AFFIDAVIT & SIGNATURE

Carefully read the attached affidavit in its entirety. Fill in the required information for each blank space, and sign and date the affidavit in the presence of a Notary Public, who must then notarize the form.

DBE UNIFIED CERTIFICATION APPLICATION SUPPORTING DOCUMENTS CHECKLIST

In order to complete the DBE application, attach copies of the following documents, as they apply to all owners and officers of the firm:

All Applicants

- A Florida UCP Personal Net Worth Statement (PNW) for each owner claiming disadvantaged status (one copy included with this application). "Joint PNW" **NOT** permitted.
 - Personal tax returns, including all related Schedules, for the past three years for each owner claiming disadvantaged status.
 - Two documents, for each owner claiming disadvantaged status, that support U.S. Citizenship or permanent resident alien status; ethnicity and, *if applying as a female owned business*, sex. Acceptable documents include birth certificate, passport, resident alien card, and Native American Tribal Documents. (Submission of voter registration card or drivers license may be acceptable in certain instances).
 - A work experience resume (include self-employment and other business enterprises, specific dates, titles, duties and locations) for all owners, officers, directors, and key employees of your firm.
 - Occupational/Business, professional licenses & certifications (include renewal applications).
 - DBE, SBA 8(a) or SDB certifications, denials and de-certifications, if applicable.
 - Copies of the relevant pages from the two largest contracts or other agreements executed during the past year. *Send ONLY those pages identifying the project, the scope of services performed and appropriate signatures.* If no contracts available you **MUST** provide evidence that the firm is seeking work.
 - A description of all real estate (office/storage space, etc.) owned or leased by your firm, together with proof of ownership or rental. *ONLY* those pages from lease/rental agreement(s) reflecting landlord-tenant, term of lease and signatures. *If a home office, provide proof of ownership or rental.*
 - Line of Credit Agreements, commercial loan agreements, security agreements, and bonding applications with executed signatures.
 - All bank authorizations, signature cards and corporate resolutions. *Letters from all financial institutions attesting to the names of those individuals authorized to draw on business accounts and any restrictions, i.e. two signatures required, may substitute signature cards.*
 - Insurance certificate(s) for the firm.
 - A list of leased equipment, together with signed leasing agreement(s); Invoices and cancelled checks for lease or rental payments.
 - A list of owned equipment, including computer software and vehicles (provide vehicle titles and registrations).
 - Documented proof of any transfer of assets to or from your firm and/or to or from any of the owners over the past two years.
 - Trust agreements held by any owner claiming disadvantaged status.
- Note: Non-Florida resident businesses **MUST** be DBE Certified by their "home state" Department of Transportation or UCP. Provide copy of certification letter.*

Partnership or Joint Venture

- Social Security Number as it appears on Schedule C Tax Return for sole proprietorships and partnerships.
- Original and any amended Partnership or Joint Venture Agreements.

Corporation or LLC

- "For Profit Corporation Uniform Business Reports" issued by the Secretary of State for the past three years, and/or a "Fictitious Name Certificate" (*required for all sole proprietorships and partnerships*).
- Articles of Incorporation and amendments (*signed by state official*).

- Corporate By-Laws and all amendments.
- All Minutes from Stockholder and Board of Directors meetings.
- Shareholder Agreements.
- Both sides of all corporate stock certificates and a current stock transfer ledger.
- Documents supporting the capital contributed, or investment, by every owner, substantiating their individual ownership percentages (may include copies of canceled checks or other documents to support stock purchase, various start-up costs, purchasing an existing business or equipment, etc.). *Expertise must be quantified, and have specific and clearly identifiable value to the business.* Document the source of all funds.
- For Limited Liability Corporations, the Articles of Organization or Certificate of Formation, Operating Agreement, together with Amendments, and all member certificates.

Trucking Company

- Insurance agreements for each truck owned, leased, and operated by your firm.
- Title(s)/registration(s) for each truck owned, leased, and operated by your firm.
- List of U.S. DOT numbers for each truck owned, leased and operated by your firm (categorize by USDOT # and description).

Regular Dealer / Material Supplier

- Proof of warehouse ownership or lease.
- List of product lines carried.
- List of distribution equipment owned and/or leased.

Financial Information (All Firms)

- Business tax returns for the applicant firm, including all related schedules, for the past three years (or life of firm, if less than three years).
- Year-end balance sheets and income statements for the past three years (or life of firm, if less than three years); a new firm **must** provide a current balance sheet.
- A schedule of salaries (or other compensation or remuneration) paid to all key employees, lead workers, officers, managers, owners, officers and/or directors of the firm.
- Tax returns, including all related Schedules, from any other business that is an *affiliate* of the applicant firm, for the past three years (or life of firm, if less than three years).

Affiliate means:

- (1) The owner(s) of the applicant firm own, control or have the power to control 50% or more of the voting stock of another company;
- (2) the By-Laws of the applicant firm allow a stockholder with less than 50% of the voting stock (who also controls another company) to block any actions taken by other stockholders;
- (3) the owner(s) having control of the applicant firm have the ability to control another company through stock options, Articles of Incorporation, By-Laws, voting trusts, convertible debentures, agreements to merge or other third party agreements;
- (4) other individuals or firms have the ability to control the applicant company for the same reasons as listed in (3);
- (5) the applicant firm shares common Officers, Directors or key employees with any other business, such that either firm has the ability to control the Board of Directors and/or the management of the other;
- (6) the applicant firm is dependant upon another business for contracts, financial or other business assistance, or another business is likewise dependant on the applicant firm or
- (7) the owner(s) of the applicant firm have a family member who has a controlling interest in another business, and the two firms share employees, facilities, Officers, Directors owners or engage in inter-business transactions.

CAUTION: YOUR APPLICATION IS INCOMPLETE WITHOUT ALL SUPPORT DOCUMENTS. FAILING TO PROVIDE ALL THESE DOCUMENTS INITIALLY, WILL NECESSITATE ADDITIONAL PROCESSING TIME.

**RETURN THE COMPLETE
APPLICATION (ATTACH ALL
REQUIRED DOCUMENTS)
TO:**

***FLORIDA DEPARTMENT OF
TRANSPORTATION
605 SUWANNEE STREET, MS 65
TALLAHASSEE, FL 32399-0450***

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(s))</i>	<input type="checkbox"/> DBE	Name of certifying agency:
		Has your firm's state UCP conducted an on-site visit?
		<input type="checkbox"/> Yes, on ___/___/___ State: _____ <input type="checkbox"/> No

B. Prior/Other Applications and Privileges

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

Section 2: GENERAL INFORMATION

A. Contact Information

(1) Contact Person and Title:	(2) Legal Name of Firm:			
(3) Phone #:	(4) Other Phone #:	(5) Fax #:		
(6) E-mail:	(7) Website <i>(If applicable)</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)
(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	<input checked="" type="checkbox"/> 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.
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(7) Type of Firm (Check all that apply):

- Sole Proprietorship
- Partnership
- Corporation
- Limited Liability Partnership
- Limited Liability Corporation
- Joint Venture
- Other, Describe: _____

(8) Has your firm ever existed under different ownership, a different type of ownership, or a different name?

Yes No

If Yes, explain: _____

(9) Number of employees: Full-time _____ Part-time _____ Total _____

(10) Specify the gross receipts of the firm for the last 3 years: Year _____ Total receipts \$ _____
 Year _____ Total receipts \$ _____
 Year _____ Total receipts \$ _____

C. Relationships With Other Businesses

(1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff, with any other business, organization, or entity?

Yes No

If Yes, identify: Other Firm's name: _____

Explain nature of shared facilities: _____

(2) At present, or at any time in the past, has your firm:

- (a) been a subsidiary of any other firm? 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 answered "Yes" to any of the questions in (2)(a)-(d) and/or (3), identify the following for each (Attach additional sheets, if needed):

Name	Address	Type of Business
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

D. Immediate Family Member Businesses

Do any of your immediate family members own or manage another company? Yes No

If Yes, then list (Attach additional sheets, if needed):

Name	Relationship	Company	Type of Business	Own or Manage?
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 five owners attach separate sheets for each additional owner):*

[Owner # 1]

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

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	<input type="checkbox"/> \$ _____
(4) Familial relationship to other owners:		Real Estate	<input type="checkbox"/> \$ _____
		Equipment	<input type="checkbox"/> \$ _____
		other	<input type="checkbox"/> \$ _____
(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 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 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 this owner? (<i>Use and attach ONLY the Personal Financial Statement form found at the end of this application; if not claiming Disadvantaged Status, this owner need not complete a PNW statement or provide his or her personal tax returns.</i>)
(2) Has any trust been created for the benefit of this owner? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain (<i>Attach additional sheets, if needed</i>):

Section 3: OWNERSHIP**[Owner # 2]****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	
(7) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific	
(8) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Other (Specify) _____	

B. Ownership Interest

(1) Number of years as owner:	(2) Initial investment to acquire ownership interest in firm:	Type	Dollar Value
(3) Percentage owned:		Cash	<input type="checkbox"/> \$ _____
(4) Familial relationship to other owners:		Real Estate	<input type="checkbox"/> \$ _____
		Equipment	<input type="checkbox"/> \$ _____
		other	<input type="checkbox"/> \$ _____
(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 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 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 this owner? (<i>Use and attach ONLY the Personal Financial Statement form found at the end of this application; if not claiming Disadvantaged Status, this owner need not complete a PNW statement or provide his or her personal tax returns.</i>)
(2) Has any trust been created for the benefit of this owner? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain (<i>Attach additional sheets, if needed</i>):

Section 3: OWNERSHIP

[Owner # 3]

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

B. Ownership Interest

(1) Number of years as owner:	(2) Initial investment <u>Type</u> <u>Dollar Value</u>
(3) Percentage owned:	to acquire ownership Cash <input type="checkbox"/> \$ _____
(4) Familial relationship to other owners:	interest in firm: Real Estate <input type="checkbox"/> \$ _____
	Equipment <input type="checkbox"/> \$ _____
	other <input type="checkbox"/> \$ _____
(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 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 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 this owner? (<i>Use and attach ONLY the Personal Financial Statement form found at the end of this application; if not claiming Disadvantaged Status, this owner need not complete a PNW statement or provide his or her personal tax returns.</i>)
(2) Has any trust been created for the benefit of this owner? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, explain (<i>Attach additional sheets, if needed</i>):

Section 3: OWNERSHIP**[Owner # 4]****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	
(7) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific	
(8) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Other (Specify) _____	

B. Ownership Interest

(1) Number of years as owner:	(2) Initial investment to acquire ownership interest in firm:	<u>Type</u> Cash <input type="checkbox"/> \$ _____ Real Estate <input type="checkbox"/> \$ _____ Equipment <input type="checkbox"/> \$ _____ other <input type="checkbox"/> \$ _____	<u>Dollar Value</u>
(3) Percentage owned:			
(4) Familial relationship to other owners:			
(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 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 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 this owner? (<i>Use and attach ONLY the Personal Financial Statement form found at the end of this application; if not claiming Disadvantaged Status, this owner need not complete a PNW statement or provide his or her personal tax returns.</i>)
(2) Has any trust been created for the benefit of this owner? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain (<i>Attach additional sheets, if needed</i>):

Section 3: OWNERSHIP

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

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	<input type="checkbox"/> \$ _____
(4) Familial relationship to other owners:		Real Estate	<input type="checkbox"/> \$ _____
		Equipment	<input type="checkbox"/> \$ _____
		other	<input type="checkbox"/> \$ _____

(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? Yes No
If Yes, identify: Name of Business: _____ Function/Title: _____

(7) Does this owner own or work for any other firm 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: Name of Business: _____ Function/Title: _____
Nature of Business Relationship: _____

C. Disadvantaged Status – NOTE: Complete this section 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 this owner? (<i>Use and attach ONLY the Personal Financial Statement form found at the end of this application; if not claiming Disadvantaged Status, this owner need not complete a PNW statement or provide his or her personal tax returns.</i>)
(2) Has any trust been created for the benefit of this owner? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain (<i>Attach additional sheets, if needed</i>):

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 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 that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)?

Yes No

If Yes, identify for each: Firm Name: _____ Person: _____

Nature of Business Relationship: _____

C. Indicate your firm's inventory in the following categories (attach additional sheets if needed):

(1) Equipment

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: _____

(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 sheet, 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

Each owner claiming "Disadvantaged Status" must complete this form, and have his or her signature properly notarized.

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

I _____ (full name printed), swear or affirm, under penalty of

Law, that I am _____ (title) of _____ (firm name). I have read and understand all of the questions in this application. All of the foregoing information and statements submitted in this application, its attachments and supporting documents are true and correct to the best of my knowledge. 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 purposes 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. 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 purposes 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 that may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I certify that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Disadvantaged Business Enterprise (DBE). In support of my application, I certify that I am a member of one of the following groups, and that I have held myself out as a member of the group(s) (circle all that apply):

Female Black American Hispanic American Native American
 Asian Pacific American Subcontinent Asian American
 Other (specify) _____

I certify that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified above, without regard to my individual qualities.

I further certify that my personal net worth does not exceed \$1.32 million, 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 and who are not socially and economically disadvantaged.

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

Signature: _____ Date: _____

NOTARY CERTIFICATE:

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____ 20__ by

(Name of person making statement)

(Signature of Notary Public-State of _____)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally known _____ OR produced identification. _____ Type

of Identification Produced _____

**NOTE: THE FOLLOWING PAGES
CONTAIN A REQUIRED ADDENDUM FOR
DBE CERTIFICATION BY**



**FLORIDA DEPARTMENT OF
TRANSPORTATION**

***Circle only those Specialty Codes you wish the Department
to consider authorizing for DBE credit**

Select no more than ten (10) Specialty Codes

--ADDENDUM--**CODE SHEET/NAICS CAP**

The Florida Department of Transportation will grant certification to a firm for specific types of work in which the socially and economically disadvantaged owner(s) have the ability to control the firm. Circle no more than ten (10) SPECIALTY CODES.

		<u>SPECIALTY CODE</u>	<u>NAICS CODE</u>
<u>CONSTRUCTION</u>			
I.	ASPHALT PAVING		
	Roadway (includes 300, 310, 311, 320, 330, 331, 332, 333, 335, 337) Application of prime and tack coats, leveling surfaces and wearing courses	<input type="checkbox"/> 3XX	237310
	Miscellaneous Asphalt Pavement Construction of asphalt pavement in areas which will not be subjected to vehicular traffic such as pavement under guardrail bicycle paths, medians, sidewalks, etc.	<input type="checkbox"/> 339	238990
	Asphalt Concrete Curb Construction of an asphaltic concrete curb on a previously laid pavement.	<input type="checkbox"/> 525	237310
II.	BUILDINGS - CONSTRUCTION/MODIFICATION		
	Toll & Service Plaza Facilities Construction or modification of administrative buildings and associated structures.	<input type="checkbox"/> 735	236220
	Storage Facility, Building Addition Construction or modification of storage facilities, additions to buildings and associated structures.	<input type="checkbox"/> 750	236220
	Office Building, Shop/Warehouse Construction or modification of office buildings, shops/warehouses, and associated structures.	<input type="checkbox"/> 770	236220
	Plumbing Furnishing and installing plumbing in all types of buildings.	<input type="checkbox"/> PLM	238220
	Electrical Wiring Furnishing and installing electrical wiring in all types of buildings.	<input type="checkbox"/> ELW	238210
	Heating and Air Conditioning Furnishing and installing heating and air conditioning in all types of buildings.	<input type="checkbox"/> HAC	238220
	Installation of Tile Furnishing and installing tile in all types of buildings.	<input type="checkbox"/> TIL	238340
III.	CONCRETE - MISCELLANEOUS		
	Concrete Gutter, Curb Elements, & Traffic Separators Construction of portland cement concrete curb and gutter, concrete Traffic separator valley gutter, special concrete gutter, and other types of concrete curb.	<input type="checkbox"/> 520	237310
	Concrete Barrier Wall Construction concrete barrier walls for highway construction.	<input type="checkbox"/> 521	237310
	Concrete Sidewalk Construction of concrete sidewalk.	<input type="checkbox"/> 522	238990
	Concrete Ditch & Slope Pavement. Construction of concrete pavement in drainage ditches and on roadway slopes.	<input type="checkbox"/> 524	237310
	Pipe Handrail Furnishing, erecting, and painting pipe handrail.	<input type="checkbox"/> 515	238990
IV.	DRAINAGE		
	Inlets, Manholes & Junction Boxes Construction of inlets, manholes, junction boxes, shoulder gutter inlets and yard drains of reinforced concrete, or of brick masonry if circular and constructed in place. Includes the necessary metal frames and gates.	<input type="checkbox"/> 425	237310
	Pipe Culverts & Storm Sewers Furnishing and Installing drainage pipes and mitered end sections, and furnishing and construction of such joints and connections of existing pipes, catch basins, inlets, manholes, walls, etc.	<input type="checkbox"/> 430	237310
	Structural Plate Pipe & Pipe Arch Culverts Construction of structural plate pipe and pipe-arch-culverts including construction of a trench and foundation, laying pipe, and backfilling.	<input type="checkbox"/> 435	237310
	Under drains Construction of underdrains including excavating a trench, laying pipe, placing filter material and backfilling.	<input type="checkbox"/> 440	237310
V.	EARTHWORK		
	Clearing & Grubbing Removal and disposal of all trees and other protruding objects, buildings, structures existing pavement, and other facilities necessary to prepare the area for construction and the removal and disposal of all debris which is not required to be salvaged or not required to complete the construction.	<input type="checkbox"/> 110	238910

		<u>SPECIALTY CODE</u>	<u>ATTACHMENT CODE</u>
Excavation & Grading (Includes 120 & 125)	Preparation of sub grades and foundation, the construction of embankments, and other use of disposal of materials excavated and the compaction and dressing of excavated areas and embankments; excavation for bridge foundations, box culverts, pipe culverts, storm sewers, and all other pipe lines, retaining walls, headwalls for pipe culverts and drains, catch basins, drop inlets, manholes and similar structures.	<input type="checkbox"/> 12X	238910
VI. EROSION CONTROL			
Temporary Erosion Control	Construction and maintenance of temporary erosion control features, or where practical, permanent features on the project so as to prevent erosion and water pollution. May include temporary grassing temporary sodding, temporary mulching, sandbagging, slope drains, sediment basins, artificial coverings, berms, baled hay or straw, floating slit barrier and staked slit barrier.	<input type="checkbox"/> 104	238990
Plastic Filter Blanket	Installation of a plastic filter blander for permanent erosion control.	<input type="checkbox"/> 514	238990
Riprap	Construction of riprap, composed of sand and cement, concrete block	<input type="checkbox"/> 530	238990
VII. FENCING	Furnishing and erecting metal fence.	<input type="checkbox"/> 550	238990
VIII. GUARDRAIL (Includes 536, 538)	Construction of metal guardrail on posts of concrete, timber, steel, or aluminum, as specified; removing & resetting existing rails.	<input type="checkbox"/> 53x	237310
IX. LANDSCAPING/GRASSING			
Muck Blanket & Topsoil	Preparation of a layer of select material favorable to plant growth, over areas to be grassed, grassed and mulched, or sod	<input type="checkbox"/> 162	561730
Grassing	Establishing a stand of grass by seeding, fertilizing, and mulching as required, and maintaining the grassed area until the project is completed.	<input type="checkbox"/> 570	561730
Sodding	Furnishing and placing of grass sod, and fertilizing, watering and maintaining the sodded areas to assure a health stand of grass.	<input type="checkbox"/> 575	561730
Landscaping	Planting of trees and shrubs as specified.	<input type="checkbox"/> 580	561730
Irrigation Systems	Furnishing and installing underground and/or above ground irrigation systems.	<input type="checkbox"/> 590	561730
X. PAINTING			
Shop, Field and Maintenance Painting of Structural Steel	Surface preparation and the application of paints to structural steel surfaces in the shop or in the field, and includes drying and protection of painted surfaces and protection of property and traffic.	<input type="checkbox"/> 560	238320
Bridge Painting (Includes 561, 562)	Preparing the surface and applying inorganic zinc paint coating materials; preparing the surface and applying zinc paint coating over welded areas of galvanized steel.	<input type="checkbox"/> 56X	238320
XI. STEEL			
Reinforcing Steel	Furnishing and placing reinforcing steel in concrete and masonry Structures	<input type="checkbox"/> 415	238120
Structural Steel	Furnishing, preparing, fabricating, assembling, erecting, and painting structural steel, shear connectors, casting and forgings, plates and bolts, and certain special metals for structure.	<input type="checkbox"/> 460	238120
XII. TRAFFIC CONTROL			
Maintenance of Traffic	Furnishing, installing and maintaining traffic control and safety devices (including barrier, warning devices, temporary striping) during construction; construction and maintenance of detours; control of dust.	<input type="checkbox"/> 102	238990
Traffic Signals	Furnishing and installing all equipment and materials used in the construction of traffic signal installations.	<input type="checkbox"/> 60X	238210
Highway Signing	Furnishing and erecting aluminum or steel roadway signs, with supporting posts or columns.	<input type="checkbox"/> 700	237310
Highway Delineators	Furnishing and installing reflectorized delineators, with supporting posts.	<input type="checkbox"/> 705	238990
Reflective Pavement Markers	Furnishing and installing reflectorized pavement markers and removing pavement markers.	<input type="checkbox"/> 706	238990

		<u>SPECIALTY CODE</u>	<u>Attachment 16 NAES CODE</u>
	Painting Traffic Stripes	<input type="checkbox"/> 710	238990
	Painting reflectorized traffic stripes and markings (other than thermoplastic)		
	Thermoplastic Traffic Stripes and Markings	<input type="checkbox"/> 711	238990
	Placing thermoplastic traffic stripes and markings.		
	Highway Lighting Systems	<input type="checkbox"/> 715	238210
	Installation of a highway lighting system, including light poles, bases, luminaries, ballasts, pull boxes, cable, conduit, substations, expansion joints, protective devices, transformers, and control devices.		
XIII.	TRUCKING (Hauling materials to or from construction site and heavy hauling)		
	Trucking Firms-Firms using own trucks and contracted trucks	<input type="checkbox"/> TRK	484220
	Owner Operators-Sole Proprietor that own and operate one truck.	<input type="checkbox"/> ITO	238990
XIV	MISCELLANEOUS		
	Pile Driving	<input type="checkbox"/> 455	237990
	Furnishing, driving, cutting-off and splicing of piling (wood, concrete, steel or composite concrete and steel).		
	Timber Structures	<input type="checkbox"/> 470	237990
	Furnishing and erecting timber into various structures.		
	Navigation Lights	<input type="checkbox"/> 510	238210
	Furnishing and installing a navigation light system, including wiring, conduit, transformers, enclosures, grounding systems, controls, protective devices, lights, etc.		
	Underground Utility	<input type="checkbox"/> 15X/16X	237110
	Work normally done by utility companies (i.e. installation, removal, relocation of water, electric, telephone, etc., utilities).		
	Tree Trimming	<input type="checkbox"/> MA1	561730
	Mowing	<input type="checkbox"/> MA2	561730
	Miscellaneous Construction Services (welding, machine shops, rentals, milling, and NEC)	<input type="checkbox"/> 190	238990
XVI.	MATERIALS SUPPLY	<input type="checkbox"/> 220	Wholesale 423's
	Must meet definition of "Regular Dealer" as defined in Rule 14.78, Florida Administrative Code and 49 CFR Part 26.		Retail 44's, 45's.
<u>PROFESSIONAL SERVICES</u>			
XVII.	CONSULTANTS (by type of service)	<input type="checkbox"/> 300	54's
XVIII.	ARCHITECTURAL SERVICES	<input type="checkbox"/> 306	541310
	LANDSCAPE ARCHITECTURAL SERVICES	<input type="checkbox"/> 311	541320
XIX.	LAND SURVEYING AND MAPPING SERVICES	<input type="checkbox"/> 946	541370
XX.	ENGINEERING AND SUPPORT SERVICES		
	Civil Engineering Services	<input type="checkbox"/> 941	541330
	Electrical Engineering Services	<input type="checkbox"/> 942	541330
	Geotechnical Engineering Services	<input type="checkbox"/> 943	541330
	Mechanical Engineering Services	<input type="checkbox"/> 945	541330
	Laboratory Testing Services	<input type="checkbox"/> 944	541380
	CADD Services	<input type="checkbox"/> 947	541340
	Diving Services For Bridge Inspections	<input type="checkbox"/> 948	561990
	Traffic Data Services	<input type="checkbox"/> 949	541690
XXI.	ENVIRONMENTAL SERVICES		
	Environmental Consulting Services	<input type="checkbox"/> 950	541620
	Asbestos Surveys and Abatement Services	<input type="checkbox"/> 951	562910
	Energy Consultant Services	<input type="checkbox"/> 952	541690
	Hazardous Waste Services	<input type="checkbox"/> 953	562112
	Mitigation Services	<input type="checkbox"/> 954	562910
XXII.	MANAGEMENT AND FINANCIAL SERVICES		
	Accounting and Auditing	<input type="checkbox"/> 961	541211
	Data Processing Consultant	<input type="checkbox"/> 962	5415's
	Economic Consultant Services	<input type="checkbox"/> 963	541690
	Education Consultant	<input type="checkbox"/> 964	611710
	Financial Services	<input type="checkbox"/> 965	541611
	Legal Services	<input type="checkbox"/> 966	541110
	Personnel Services	<input type="checkbox"/> 967	541612
	Public Relations Services	<input type="checkbox"/> 968	541820
	Employment Agencies	<input type="checkbox"/> 983	561310/20
	Training Services	<input type="checkbox"/> 969	611430

SPECIALTY CODEAttachment 16
NAICS CODE**XXIII. RIGHT OF WAY SERVICES**

Abstract and Title Services	<input type="checkbox"/>	971	541191
Appraisal Services	<input type="checkbox"/>	972	531320
Acquisition Services	<input type="checkbox"/>	974	531210
Aerial Photography Service	<input type="checkbox"/>	975	541922
Relocation Related Services	<input type="checkbox"/>	976	531390
Property Management Services	<input type="checkbox"/>	977	531311/12

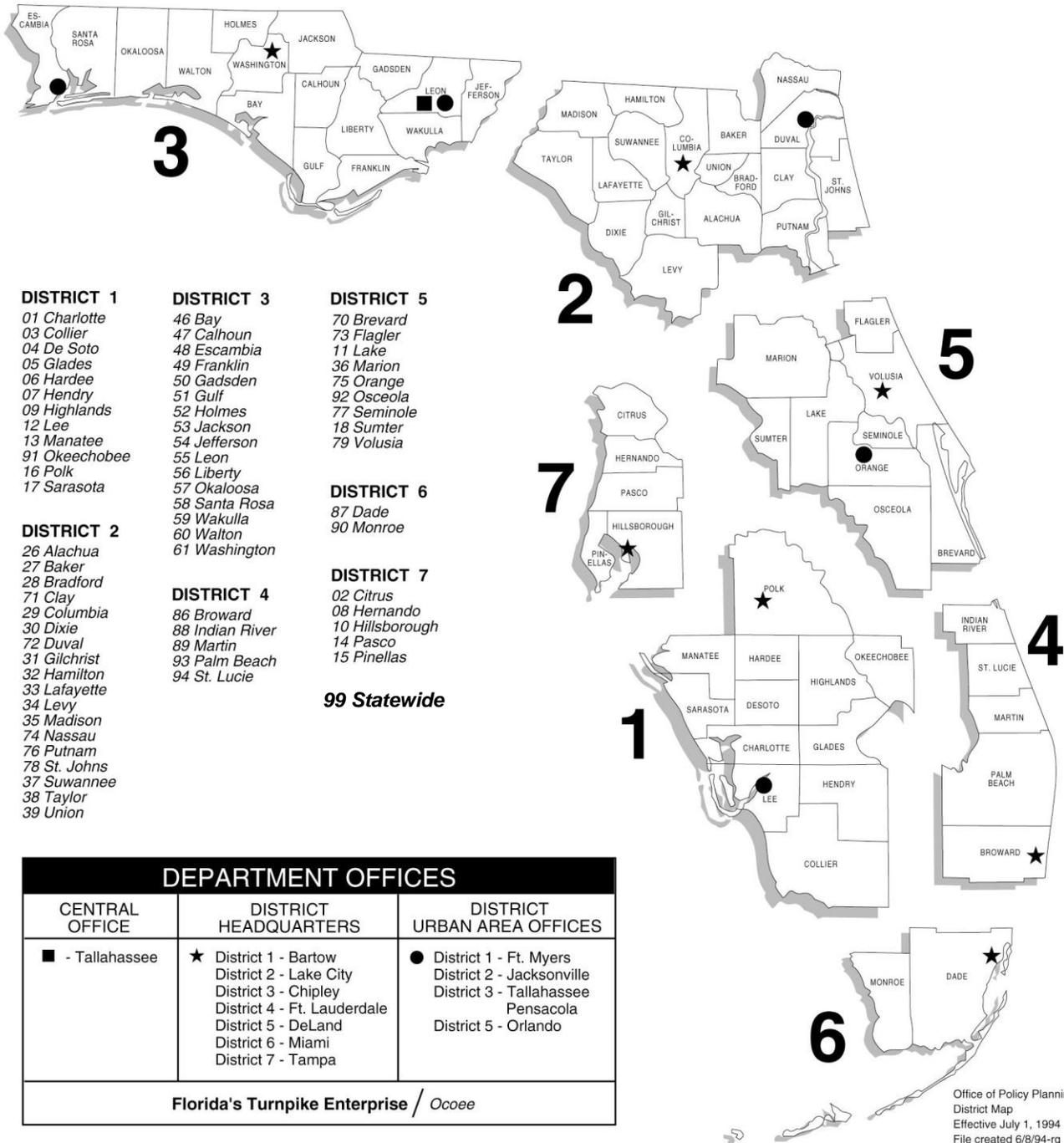
XXIV. MISCELLANEOUS BUSINESS SERVICES

Travel Agencies	<input type="checkbox"/>	981	561510
Reprographics	<input type="checkbox"/>	982	561439
Security Guard Services	<input type="checkbox"/>	984	561612
Archeology Services	<input type="checkbox"/>	985	541720
Fiber Optics	<input type="checkbox"/>	986	238210
Lawn Care Services	<input type="checkbox"/>	987	561730
Janitorial Services/Commercial Cleaning	<input type="checkbox"/>	988	561720/790
Other Business Services(NEC)	<input type="checkbox"/>	980	541618

If you circled specialty code 220, **Regular Dealer**, you must meet the following definition:

A regular dealer is a firm that owns, operates, or maintains a store, warehouse, or other establishment in which the materials, supplies, articles or equipment of the general character described by the specifications and required under the contract are bought, kept in stock, and regularly sold or leased to the public in the usual course of business.

Florida Department of Transportation Districts



Office of Policy Planning
 District Map
 Effective July 1, 1994
 File created 6/8/94-rg
 File updated 12/19/02-is,rg

LIST THE NUMBER FOR EACH COUNTY IN WHICH YOUR FIRM IS AVAILABLE TO PERFORM WORK. COUNTY NUMBERS PROVIDED ABOVE.

List County Number: _____

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.

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
			\$

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) \$ _____

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 City 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) \$ _____

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)

ASSETS	DOLLAR VALUE
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)	_____
TOTAL ASSETS	\$ _____
LIABILITIES	DOLLAR VALUE
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)	_____
TOTAL LIABILITIES	\$ _____
NET WORTH (Total Assets, Minus Total Liabilities)	\$ _____

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.

_____	_____
(Printed name/title)	(Signature, Disadvantaged Owner)
_____	_____
(Printed name/title)	(Signature, Disadvantaged Owner)
_____	_____
(Printed name/title)	(Signature, Disadvantaged Owner)
_____	_____
(Printed name/title)	(Signature, Disadvantaged Owner)

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)

**State of Florida
USDOT Recipients**

Unified Certification Program

Pursuant to 49 CFR Part 26

Approved: Secretary, U.S. Department of Transportation

By, Jeffrey A. Rosen, General Counsel

This 25th Day of March 2004

Date Prepared: January 16, 2004

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FLORIDA UNIFIED CERTIFICATION PROGRAM AGREEMENT**RECITALS**

WHEREAS, 49 CFR Part 26 Subpart E- Certification Procedures Section 26.81, requires that all United States Department of Transportation (USDOT) Recipients participate in a statewide Unified Certification Program (UCP); and

WHEREAS, this Agreement establishes the UCP for the State of Florida; and

WHEREAS, the UCP will comply with all certification procedures and standards set forth in Subparts D and E of 49 CFR Part 26 on the same basis as recipients; and

WHEREAS, the UCP will cooperate fully with oversight, review, and monitoring activities of USDOT and its operating administrations; and

WHEREAS, the UCP will implement USDOT directives and guidelines concerning certification matters; and

WHEREAS, all certification by the UCP shall be pre-certification, i.e., certifications that have been made final before the due date for bids or offers on a contract on which a firm seeks to participate as a DBE; and

WHEREAS, the UCP will render uniform certification decisions on behalf of all USDOT financial assistance recipients in Florida with respect to participation in the USDOT Disadvantaged Business Enterprise (DBE) Program; and

WHEREAS, the UCP will provide “one-stop shopping” to applicants for DBE certification, such that an applicant need apply only once for a DBE certification that will be honored by all UCP Members in Florida; and

WHEREAS, the UCP shall develop and maintain an electronic DBE Directory of all firms certified in Florida that will be available to the public on the Internet and in print and continuously updated with additions, deletions, and other changes; and

WHEREAS, the UCP shall have sufficient resources and expertise to carry out the requirements of 49 CFR Part 26 Subpart E; and

WHEREAS, all obligations of recipients with respect to certification and nondiscrimination must be carried out by UCPs, and that recipients may use only UCPs that comply with the certification and nondiscrimination requirements of 49 CFR, Part 26.

NOW, THEREFORE, in consideration of the promises and covenants herein contained Florida UCP Members, agree to the following:

ARTICLE 1 – VISION

Florida's USDOT Recipients share the common goal of creating a level playing field on which DBE firms can compete fairly for USDOT assisted contract awards, while enhancing the administration of the DBE Programs through the exchange of information and coordination of activities. In order to achieve the common goal, Recipients will establish the UCP for the State of Florida.

ARTICLE 2 – DEFINITIONS

Terms and Definitions used by the UCP shall be those specifically defined in this Agreement, and in 49 CFR, Section 26.5, which is incorporated by reference herein:

2.01 Certifying Member

A Florida Recipient as defined in 2.05, and UCP Member as defined in 2.10 and 3.01 who has a current DBE Program Plan approved by an appropriate USDOT Operating Administration that includes provisions for DBE certification and revocation processes.

2.02 Disadvantaged Business Enterprise (DBE)

A for-profit small business concern, that is at least 51% owned by one or more individuals who are both socially and economically disadvantaged, or, in the case of a corporation, in which at least 51% of the stock is owned by one or more such individuals; and whose management and daily business operations of the entity are controlled by one or more of the socially and economically disadvantaged individuals who own it.

2.03 Non-Certifying Member

A Florida Recipient as defined in 2.05, or UCP Member as defined in 2.10 and 3.1 who has a current DBE Program Plan approved by an appropriate USDOT Operating Administration that does not include provisions for DBE certification and revocation processes.

2.04 Personal Net Worth

The net value of the assets of an individual remaining after total liabilities are deducted. Pursuant to 49 CFR Section 26.67 and as used herein, the personal net worth of each disadvantaged owner of an applicant or a DBE firm, excluding the individual's ownership interest in the applicant or a DBE firm and the individual's equity in his or her primary place of residence, must not exceed \$750,000. As of the effective date of this Agreement, the personal net worth requirement is not applicable to airport concessions.

2.05 Recipient

Any entity, public or private, to which USDOT financial assistance is extended, whether directly or through another recipient, through the programs of the Federal Aviation

Authority (FAA), Federal Highway Administration (FHWA) or the Federal Transit Authority (FTA), or who has applied for such assistance.

2.06 **Small Business Concern**

A Small Business Concern is as defined in Small Business Administration regulation 13 CFR Part 121 and in 49 CFR, Part 26; Section 65.

2.07 **Socially and Economically Disadvantaged Individuals**

Any individual who is a citizen or lawfully admitted permanent resident of the United States and who is:

- (a) Any individual who a recipient finds to be socially and economically disadvantaged individual on a case-by-case basis.
- (b) Any individual in the following groups, members of which are rebuttably presumed to be socially and economically disadvantaged:
 - (i) “Black Americans” which includes persons having origins in any of the Black racial groups of Africa;
 - (ii) “Hispanic Americans” which includes persons of Mexican, Puerto Rican, Cuban, Dominican, Central or South American, or other Spanish or Portuguese culture or origin, regardless of race;
 - (iii) “Native Americans” which includes persons who are American Indians, Eskimos, Aleuts, or Native Hawaiians;
 - (iv) “Asian-Pacific Americans” which includes persons whose origins are from Japan, China, Taiwan, Korea, Burma (Myanmar), Vietnam, Laos, Cambodia (Kampuchea), Thailand, Malaysia, Indonesia, the Philippines, Brunei, Samoa, Guam, the U.S. Trust Territories of the Pacific Islands (Republic of Palau), the Commonwealth of the Northern Marianas Islands, Macao, Fiji, Tonga, Kirbati, Juvalu, Nauru, Federated States of Micronesia, or Hong Kong;
 - (v) “Subcontinent Asian Americans” which includes persons whose origins are from India, Pakistan, Bangladesh, Bhutan, the Maldives Islands, Nepal, or Sri Lanka;
 - (vi) Women;

- (vii) Any additional groups whose members are designated as socially and economically disadvantaged by the SBA at such time as the SBA designation becomes effective.

2.08 **Executive Committee**

A single standing committee, comprised of the Manager of the Equal Opportunity Office in the Florida Department of Transportation (FDOT) or his/her designee, a Certifying Member selected annually by and among the FAA UCP Members, and a Certifying Member selected annually by and among the FTA UCP Members.

2.09 **Sub-Recipient**

Any entity, public or private, to which USDOT financial assistance is extended through another Recipient.

2.10 **UCP Members**

All Florida Recipients participating in this Agreement as described in 3.01 and 11.05, including both Certifying and Non-Certifying Members.

ARTICLE 3 – ORGANIZATION OF THE UCP**3.01 Members of the UCP – Recipients**

Pursuant to Section 26.81(a), all USDOT recipients in this State shall participate in a UCP.

All recipients, including airports and transit properties, that receive funds directly from FHWA, FAA or FTA must agree in writing to participate as members in the UCP.

Signatures to the UCP agreement of all USDOT recipients in this State shall be maintained on file in the FDOT Equal Opportunity Office.

3.02 Responsible Certifying Member

It is the intent of this Agreement that a Certifying Member will be responsible for certifying DBE's who perform work in their respective fields of expertise (highway and bridge, aviation, and transit). If a DBE firm performs work unique to aviation or transit, and there is no available FAA or FTA Certifying Member in the local area, the FAA or FTA Members will coordinate and agree on the designation of a Responsible Certifying Member. The FAA or FTA Member designated as the Responsible Certifying Member shall either be located in the vicinity of the applicant or DBE firm or have an on-going contract or business relationship with the firm. Non-certifying Members shall likewise consider the location of the applicant or DBE firm and any on-going contract or business relationships with the firm when forwarding an application or a DBE file to a Responsible Certifying Member. To this end Responsible Certifying Members shall be responsible for DBE certifications as follows:

- a) FDOT shall be the Responsible Certifying Member for those firms primarily engaged in the delivery of highway, road and bridge related goods and services. These goods and services may include, but are not limited to, heavy highway construction contractors, road and bridge contractors, specialty construction contractors, engineering consultants, specialty consultants, highway, road and bridge related material suppliers and fabricators and highway, road and bridge related maintenance services.

- b) An FAA UCP Member shall be the Responsible Certifying Member for those firms that are primarily engaged in the delivery of aviation related goods and services, including concessionaires. These goods and services may include, but are not limited to, food service and other aviation specialty firms.

- c) An FTA UCP Member shall be the Responsible Certifying Member for those firms that are primarily engaged in the delivery of transit related goods and services. These goods and services may include, but are not limited to, transit services generally, transit maintenance services and transit related materials and supplies.

3.03 **DBE Directory Management**

UCP Members hereby acknowledge that FDOT is the major recipient of FHWA funds in the State of Florida, has the largest DBE certification program in the State, and maintains a Directory of certified DBEs that is available electronically and in printed form to Florida Recipients, contractors, and other interested members of the general public.

3.03.1 FDOT shall serve as Manager for the UCP's electronic DBE Directory, which shall include all DBE certifications made by Certifying Members.

3.03.2 FDOT, as DBE Directory Manager, shall assume the following responsibilities with regard to the DBE Directory:

- (a) Keep and maintain the up-to-date electronic DBE Directory;
- (b) Ensure its availability to all UCP Members and other interested parties;
- (c) Make available printed copies of the Directory upon request; and
- (d) Provide Certifying Members with access to certification information in the DBE Directory through the Internet.

3.03.3 Certifying Members will, within 3 business days of receipt of any new application for DBE certification, complete input to a Directory application screen, whenever a new application for DBE certification is received, so that other Certifying Members will not process or otherwise duplicate work on any DBE application.

3.03.4 When a Certifying Member makes a DBE certification approval decision, information shall be submitted, through the Internet, by the Certifying Member, directly to the DBE Directory within three (3) business days of said approval. Pursuant to 49 CFR, Section 26.31, this information shall include:

- a) Firm Name, Street Address, P.O. Box, Telephone and Facsimile Numbers, and e-mail address;
- b) Name of Majority Owner, Gender, and Minority Code;
- c) Type(s) of work performed by the DBE using North American Industry Classification system (NAICS) adopted by the SBA on October 1, 2000, and other work specialty codes as needed;
- d) Name of Certifying Member;
- e) Expiration Date of DBE Certification; and
- f) Any other appropriate information, as agreed upon by UCP Members.

3.03.5 Certifying Members shall also input, through the Internet, within three (3) business days of the action, information as required in 3.03.3 on firms denied DBE certification. This information will be input on the DBE Status Page.

3.03.6 Firms denied DBE certification by a Certifying Member are eligible to re-submit a DBE application after one (1) year.

3.04 **Transition of Currently Certified DBEs**

Each UCP Member shall electronically submit its current DBE Directory to the DBE Directory Manager (FDOT) for inclusion into the UCP's DBE Directory. Each UCP Member Directory shall include complete information as required in 3.03.4, and a statement attesting to the fact that each DBE firm submitted has been certified under the provisions of 49 CFR Part 26.

3.04.1 The Executive Committee shall meet and review those certified DBE firms submitted by Certifying UCP Members, and will determine the appropriate Certifying Member who will be responsible for future certification and re-certification of the DBE.

- 3.04.2 Upon determination by the Executive Committee of the appropriate Certifying Member, the Certifying UCP Member having possession of the DBE firm's certification file will be notified, and shall immediately forward that DBE file to the responsible Certifying Member, who shall assume custody and responsibility for the DBE file.
- 3.04.3 Presently certified non-Florida DBE firms must document current DBE certification by the DOT of the state in which they are domiciled or that state's UCP, if it is in place, prior to being included in the DBE Directory.
- 3.04.4 Designation of a Responsible Certifying Member for a non-Florida DBE firm shall follow the same process as described above.

3.05 **Executive Committee Duties**

It is agreed that upon approval by the Secretary of the USDOT, the Executive Committee shall begin implementing the provisions of this agreement and the Implementation Plan, attached as Exhibit C.

- 3.05.1 The Executive Committee shall meet as necessary to provide oversight and ensure compliance with 49 CFR Section 26.81. The Executive Committee shall at all times seek the participation, and may call special meetings of all UCP Members to ensure compliance with said regulation.
- 3.05.2 The Executive Committee may establish special committees, by majority vote, which may include, but are not limited to, Airport Concessions, UCP Member Dispute Resolution, UCP Process, Quality Assurance, Training, and Intake.
- 3.05.3 The Executive Committee will ensure that the UCP has sufficient resources and expertise to carry out the requirements of 49 CFR Section 26.81.
- 3.05.3 The Executive Committee will advise all UCP Members when it appears resources and expertise are not sufficient to carry out the requirements of 49 CFR Section 26.81.

ARTICLE 4 – RIGHTS AND RESPONSIBILITIES OF UCP MEMBERS

4.01 **Types of UCP Members**

Florida recipients acknowledge that this Agreement provides for two (2) classes of members, Certifying Members and Non-Certifying Members as defined in 2.01 and 2.03, and that each class shall have specific rights and responsibilities as set forth herein.

4.02 **Certifying Member Rights and Responsibilities**

Each Certifying Member shall have the following rights and responsibilities:

- (a) Comply with the terms and conditions of this Agreement.
- (b) Collect and evaluate information received regarding DBE certification applications, conduct site visits, and make certification decisions as to DBE status, in accordance with 49 CFR Part 26.
- (c) Promptly provide current information to the DBE Directory as required by and in the manner prescribed in 3.03 above.
- (d) Update the DBE Directory with all new and updated information (renewals, removals, change of address, etc.).
- (e) Retain and maintain appropriate DBE certification files.
- (f) Make file information available to other USDOT recipients and other state UCPs in response to questions or complaints, upon written request.
- (g) Upon request of a UCP Member, may conduct a site visit to a DBE applicant in its vicinity.
- (h) Process annual updates to verify continuing eligibility of DBE firms certified by it.
- (i) Perform specific file reviews at any time upon request by a UCP Member.
- (j) Make timely final decisions on DBE applications as outlined in 49 CFR Section 26.83(k) or within (90) ninety days of receipt of all information.
- (k) Provide information on any certified DBE upon request by a UCP Member.

4.03 **Non Certifying Member Rights and Responsibilities**

Each Non-Certifying Member shall have the following rights and responsibilities:

- (a) Comply with the terms and conditions of this Agreement.
- (b) Promptly forward DBE applications to the Responsible Certifying Member.

- (c) Provide information on any certified DBE upon request by a UCP Member.

ARTICLE 5 – RIGHTS AND RESPONSIBILITIES OF THE UCP

5.01 Certification Decisions

The UCP shall maintain processes and programs that conform to the overall certification standards set out in 49 CFR Part 26.

Certification decisions made by UCP Certifying Members shall be binding on all DOT recipients with respect to participation in the DBE Program. In the event of a conflict, the UCP, through the Executive Committee, shall make a final decision, subject to the provisions of 49 CFR, Part 26.

5.02 “One-Stop Shopping”

The UCP shall provide “one-stop shopping” to applicants for DBE certification in Florida, such that an applicant is required to apply only once for a DBE certification that will be honored by all UCP Members.

5.03 Processing Out-of-State Applications

The UCP will not process a new application for DBE certification from a firm having its principal place of business in another state unless the firm has already been certified in that state. When a Certifying Member processes an out-of-state application, a full certification application file with all supporting documentation will be compiled by the Certifying Member, including a copy of the Site Visit Report obtained from the applicant’s home state or from the state’s UCP if it is in place, before the firm is included in the DBE Directory.

5.04 Reciprocity With Other UCPs

It is understood that:

- (a) The UCP, through its Executive Committee, may enter into written reciprocity agreements at any time with UCPs of other states subject to approval of USDOT.
- (b) Such reciprocity agreement(s) must outline the specific responsibilities of each participating UCP.

- (c) The UCP, and its Members, may accept a DBE certification decision, made by another UCP or state DOT, on a case-by-case basis.
- (d) The UCP, and its Members, shall share information concerning Florida DBE firms or applicants with other UCPs and state DOTs upon written request.

5.05 **UCP Information Program**

UCP Members and the Executive Committee will provide information on the Florida UCP to the public and to DBE applicant firms; provide individuals and firms seeking DBE certification with UCP applications; accept DBE applications from any applicant firm, and forward DBE applications to the appropriate Certifying Member for processing.

5.06 **Meetings for Continued UCP Monitoring**

The UCP, through its Executive Committee, shall hold a statewide membership meeting at least once a year or more often as needed for continued monitoring of the UCP, and on-going processes.

5.06.1 The Executive Committee shall notify UCP Members in writing of the date and location of the meeting at least (30) thirty days in advance of the meeting.

5.06.2 A majority of those recipients having agreed in writing to participate as members of the UCP shall constitute a quorum for conducting UCP business.

5.06.3 When a quorum is established at a meeting, a majority vote of those members present and voting shall be required to pass on a matter.

ARTICLE 6 – CERTIFICATION PROCEDURES

6.01 **Certification Application**

UCP Members agree to utilize the USDOT Disadvantaged Business Enterprise Certification Application format attached as Exhibit A.

6.02 **Certification Process**

The UCP and its Members shall follow DBE certification processes and adhere to standards set forth in 49 CFR Part 26, Subparts D and E, Certification Procedures, as well as those guidelines set forth herein or otherwise attached hereto.

6.03 **Certification Site Visits**

Certifying Members shall conduct a site visit to the principal place of business of an applicant firm prior to DBE certification and submission or direct input via the Internet to the DBE Directory.

- (a) Certifying Members will utilize the On-Site Review Checklist, which is included as Exhibit D herein.
- (b) Certifying Members may conduct site visits for one another when requested, in instances where the member requested is geographically close to the DBE's location.

ARTICLE 7 – APPEALS, COMPLAINTS AND DISPUTES

7.01 **Appeals/Third Party Complaints**

DBE Certification appeals and third party complaints may only be filed with the Certifying Member whose action is being appealed or complained about and shall be handled in accordance with 49 CFR Part 26, Sections 26.85, 26.87, and 26.89.

7.02 **Member Agreement**

This Agreement recognizes that each Certifying Member has a DBE Program Plan approved by USDOT, and that each such Program Plan may be unique. Therefore, it is herein agreed, that actions under this Section shall, in addition to the foregoing requirements of 49 CFR Part 26, comply with the process and procedure provided for in those individual DBE Program Plans.

External or Internal Complaints regarding certification decisions of a Certifying Member may only be filed with that Certifying Member, and shall be processed in accordance with 49 CFR Part 26, Section 26.87, or as otherwise provided for herein.

7.03 **Notice Requirements**

An action by a Certifying Member (certification denial, de-certification, etc.) shall be in writing, and shall:

- (a) Be delivered via Certified U.S. Mail, Return Receipt Requested.
- (b) Be specific as to the action being taken.
- (c) Be specific as to the basis of the action.
- (d) Be specific as to the facts relied upon.
- (e) Advise the party of the right to appeal.
- (f) Provide detailed information on the appropriate appeal process.

7.04 **Member Disputes**

UCP Members shall make every effort to resolve disputes that may arise between them.

7.04.1 **Unresolved Member Disputes**

When UCP Members are unable to resolve an internal dispute, the matter will be submitted to the Executive Committee for resolution. The decision of the Executive Committee shall be binding on all those UCP Members subject to the provisions of 49 CFR Part 26.

ARTICLE 8 – TRAINING

8.01 **Executive Committee Oversight**

The Executive Committee shall retain DBE certification oversight of UCP Members. FDOT will be responsible for DBE certification training of UCP Members. Upon approval of the Executive Committee, FDOT may provide, or otherwise arrange for, DBE certification training for any Certifying Member upon request or it may require a Certifying Member to attend DBE certification training in order to ensure compliance with the provisions of this Agreement and 49 CFR Part 26.

8.02 **Training Costs**

Certifying Members requesting DBE certification training through FDOT, or who have been required to obtain such training, agree to bear the costs and expenses for said training.

ARTICLE 9 – DBE DIRECTORY**9.01 Organization of the Directory**

The DBE Directory shall be organized and maintained by FDOT, using industry standard state-of-the-art software. All UCP Members agree to maintain compatible software and systems in order to best use the electronic DBE Directory, and to timely provide DBE certification information and updates for the DBE Directory.

9.02 Availability

The DBE Directory shall be available electronically on the Internet (and in printed form, when requested) to UCP Members, contractors, and other interested parties.

ARTICLE 10 – FEES/COSTS**10.01 UCP Fees**

The UCP may assess its Members such fees as may, from time to time, be required in order to operate and maintain the UCP, ensuring that resources and expertise are sufficient.

The Executive Committee shall certify the need for a fee assessment to Members at statewide membership meeting, and shall recommend a fee amount to the Members.

Members shall vote to approve the imposition of any such fee.

UCP Members that receive less than \$250,000.00 annually from USDOT shall be exempt from the payment of any such fees.

10.02 DBE Applicant Firms

Certifying Members may charge a reasonable fee for DBE certification application processing.

ARTICLE 11 – GENERAL PROVISIONS

11.01 **Exhibits**

All exhibits to this Agreement are incorporated herein by reference and made a part hereof.

11.02 **Interpretation**

Article and section headings and Table of Contents are for convenience only and shall not affect construction of this Agreement.

11.03 **Amendments**

This Agreement may not be amended, modified, or supplemented except by an instrument in writing agreed to the UCP Members. Notwithstanding the foregoing, should any provisions of 49 CFR Part 26 be changed or modified, corresponding provisions of this Agreement shall be modified accordingly.

11.04 **Compliance with Law**

UCP Members agree that the operation of this Agreement and performance of all obligations hereunder shall at all times comply with 49 CFR Part 26 and with applicable federal and state laws.

11.05 **Signed Agreement**

This Agreement will become effective upon approval by the Secretary of USDOT, and will be fully operational within (18) eighteen months of approval.

By executing the Signature and Declaration of Status page of this Agreement recipients agree to become Members of the UCP, and agree to accept the terms and conditions of this Agreement.

Following USDOT approval, a recipient may become a member by submitting a fully executed Signature and Declaration of Status page from this Agreement to the Executive Committee, which shall be delivered to FDOT's Equal Opportunity Office, where it shall remain on file.

11.06 Severability

Should any part, term, portion, or provision of this Agreement be in conflict with any law of the United States or of the State of Florida, or otherwise be unenforceable or ineffectual, the remaining provisions shall be deemed valid and severable, and not affected thereby.

11.07 Successors

This Agreement shall be binding upon and inure to the benefit of any successors or assigns of the UCP Members.

11.08 Execution

Execution of this Agreement by UCP Members shall comply with appropriate procedures, resolutions, authorized signatures, and required filings pursuant to the law governing each UCP Member. This Agreement will be executed in counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

STATE OF FLORIDA
UNIFIED CERTIFICATION PROGRAM
UCP AGREEMENT
SIGNATURE and DECLARATION OF STATUS

IN WITNESS WHEREOF, the UCP Members execute this Agreement prepared _____ 2004, by authorized signatures, and attached resolutions if appropriate.

ATTEST:

Signatory Entity Name, printed

Signature

Signature and Title

Name, printed

Name and Title, printed

This _____ day of _____, 2004

Approved as to form:

(Attorney for Signatory)

Certifying Member Status

Non-Certifying Member Status

FLORIDA UCP (EXHIBIT A)

USDOT recipients and/or local government entities signing the Uniform Certification Program (UCP) Agreement as of 2/28/02, and who then provided the required signature page to FDOT.

Below are the recipient or government entity represented on the document signed, and the primary person to contact relative to the UCP. This list reflects only **one (1)** primary contact individual per UCP signatory.

- | | | |
|-----|--|--|
| 1. | Florida Department of Transportation
(850) 414-4747 | Arthur Wright
arthur.wright@dot.state.fl.us |
| 2. | Melbourne Airport Authority
(321) 723-6227 (x. 220) | Michelle Byron
mbyron@mlbair.com |
| 3. | Hillsborough County Aviation Authority
(813) 870-8789 | Diane Pryor-Vercelli
d.vercelli@tampaairport.com |
| 4. | Sarasota Manatee Airport Authority
(941) 359-5000 (x. 214) | Richard Rossi
richardr@srq-airport.com |
| 5. | Panama City-Bay County Airport
& Industrial District
(850) 763-6751 (x 202) | Pam Henderson
phenderson@pcairport.com |
| 6. | Council on Aging of St. Lucie, Inc.
(772) 879-1287 | Marianne Arbore
marbore@coasl.com |
| 7. | St. Lucie County
(772) 462-1772 | Beth Ryder
beth@co.st-lucie.fl.us |
| 8. | City of Ocala
(352) 629-8529 | Normand Belleville
nbelleville@ocalafl.org |
| 9. | Broward County
(954) 357-7357 | Pamela Madison
pmadison@broward.org |
| 10. | Panama City MPO
(850) 595-8910 | Mary Bo Robinson
robinsonm@wfrpc.dst.fl.us |
| 11. | Pinellas Suncoast Transit Authority
(727) 533-4362 | Scott Gerke
sgerke@psta.net |
| 12. | Miami-Dade County
(305) 375-3636 | Francisco Fernandez
frfer@miamidade.gov |
| 13. | LYNX/Central Florida
Regional Transportation Authority
(407) 841-2279 (x 2130) | Maria Rivera
mrivera@golynx.com |

- | | | |
|-----|---|--|
| 14. | City of Tallahassee
(850) 891-8184 | Ben Harris
harrisb@talgov.com |
| 15. | Lee County Port Authority
(941) 768-4859 | Charles Taylor
cftaylor@swfia.com |
| 16. | Jacksonville Airport Authority
(904) 741-2426 | Ivy Philon-Johnson
ivyp@jaxairports.org |
| 17. | Volusia County
(386) 822-5771 | Julio Holness
jholness@co.volusia.fl.us |
| 18. | Escambia County Area Transit
(850) 595-3228 (x 12) | Ramona Cavazos
ramona_cavazos@co.escambia.fl.us |
| 19. | Jacksonville Transportation Authority
(904) 630-3111 | Deirdre Kyle
dkyle@jtaonthemove.com |
| 20. | Sarasota County Transportation Authority
(941) 861-1018 | Dominick Locascio
dlocasci@co.sarasota.fl.us |
| 21. | Tri-County Commuter Rail Authority
(954) 788-7898 | Loraine Kelly-Cargill
kellycargill@tri-rail.com |
| 22. | City of St. Petersburg
(727) 892-5180 | Shrimatee Ojah-Maharaj
Shrimatee.Ojah-Maharaj@stpete.org |
| 23. | St. Petersburg/Clearwater International Airport
(727) 453-7805 | Lynn Marschang
gmarscha@co.pinellas.fl.us |
| 24. | Greater Orlando Aviation Authority
(407) 825-7133 | Sylvia Ross
sross@goaa.org |
| 25. | Lee County Transit
(941) 277-5012 (x 2231) | Susan Riley
rileysp@leegov.com |
| 26. | Okaloosa County
(850) 651-7533 | Christy Johnson |



Disadvantaged Business Enterprise Program
49 CFR part 26
Uniform Certification Application (EXHIBIT B)



Roadmap for Applicants

Should I apply?

- Is your firm at least 51%-owned by a socially and economically disadvantaged individual(s) who also controls the firm?
- Is the disadvantaged owner a U.S. citizen or lawfully admitted permanent resident of the U.S.?
- Is your firm a small business that meets the Small Business Administration's (SBA's) size standard and does not exceed \$17.42 million in gross annual receipts?
- Is your firm organized as a for-profit business?

⇒ If you answered "Yes" to all of the questions above, you may be eligible to participate in the U.S. DOT DBE program.

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.**

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.

Where can I find more information?

- U.S. DOT – <http://osdbuweb.dot.gov/business/dbe/index.html> (this site provides useful links to the rules and regulations governing the DBE program, questions and answers, and other pertinent information)
- SBA – <http://www.ntis.gov/naics> (provides a listing of NAICS codes) and <http://www.sba.gov/size/indextableofsize.html> (provides a listing of SIC codes)
- 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.

Attachment 17

INSTRUCTIONS FOR COMPLETING THE DISADVANTAGED BUSINESS ENTERPRISE (DBE) PROGRAM UNIFORM CERTIFICATION APPLICATION

NOTE: If you require additional space for any question in this application, please attach additional sheets or copies as needed, taking care to indicate on each attached sheet/copy the section and number of this application to which it refers.

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

Check the appropriate box indicating for which program your firm is currently certified. If you are already certified as a DBE, indicate in the appropriate box the name of the certifying agency that has previously certified your firm, and also indicate whether your firm has undergone an onsite visit. If your firm has already undergone an onsite visit/review, indicate the most recent date of that review and the state UCP certifying member that conducted the review.

NOTE: If your firm is currently certified under the SBA's 8(a) and/or SDB programs, you may not have to complete this application. You should contact your state UCP certifying member to find out about a streamlined application process for firms that are already certified under the 8(a) and SDB programs.

B. Prior/Other Applications and Privileges

Indicate whether your firm or any of the persons listed has ever withdrawn an application for a DBE program or an SBA 8(a) or SDB program, or whether any have ever been denied certification, decertified, debarred, suspended, or had bidding privileges denied or restricted by any state or local agency or Federal entity. If your answer is yes, indicate the date of such action, identify the name of the agency, and explain fully the nature of the action in the space provided.

Section 2: GENERAL INFORMATION

A. Contact Information

- (1) State the name and title of the person who will serve as your firm's primary contact under this application.
- (2) State the legal name of your firm, as indicated in your firm's Articles of Incorporation.
- (3) Indicate the primary phone number of your firm.
- (4) Indicate a secondary phone number, if any.
- (5) Indicate your firm's fax number, if any.
- (6) Indicate your firm's or your contact person's email address.
- (7) Indicate your firm's website address, if any.
- (8) State the street address of your firm (i.e. the physical location of its offices -- not a post office box address).
- (9) State the mailing address of your firm, if it is different from your firm's street address.

B. Business Profile

- (1) In the box provided, briefly describe the primary business and professional activities in which your firm engages.
- (2) Give the Federal Tax ID number of your firm as provided on your firm's filed tax returns, if you have one. This could also be the Social Security number of the owner of your firm.
- (3) Give the date on which your firm was officially established, as stated in your firm's Articles of Incorporation.

- (4) Give the date on which you and/or each other owner took ownership of the firm.
- (5) Check the appropriate box that describes the manner in which you and each other owner acquired ownership of your firm. If you checked "Other," explain in the space provided.
- (6) Check the appropriate box that indicates whether your firm is "for profit."
NOTE: If you checked "No," then you do NOT qualify for the DBE program and therefore do not need to complete the rest of this application. The DBE program requires all participating firms be for-profit enterprises.
- (7) Check the appropriate box that describes the legal form of ownership of your firm, as indicated in your firm's Articles of Incorporation. If you checked "Other," briefly explain in the space provided.
- (8) Check the appropriate box that indicates whether your firm has ever existed under different ownership, a different type of ownership, or a different name. If you checked "Yes," specify which and briefly explain the circumstances in the space provided.
- (9) Indicate in the spaces provided how many employees your firm has, specifying the number of employees who work on a full-time and part-time basis.
- (10) Specify the total gross receipts of your firm for each of the past three years, as declared in your firm's filed tax returns.

C. Relationships with Other Businesses

- (1) Check the appropriate box that indicates whether your firm is co-located at any of its business locations, or whether your firm shares a telephone number(s), a post office box, any office space, a yard, warehouse, other facilities, any equipment, or any office staff with any other business, organization, or entity of any kind. If you answered "Yes," then specify the name of the other firm(s) and briefly explain the nature of the shared facilities or other items in the space provided.
- (2) Check the appropriate box that indicates whether at present, or at any time in the past:
 - (a) your firm has been a subsidiary of any other firm;
 - (b) your firm consisted of a partnership in which one or more of the partners are other firms;
 - (c) your firm has owned any percentage of any other firm; and
 - (d) your firm has had any subsidiaries of its own.
- (3) Check the appropriate box that indicates whether any other firm has ever had an ownership interest in your firm.

- (4) If you answered “Yes” to any of the questions in (2)(a)-(d) or (3), identify the name, address and type of business for each.

D. Immediate Family Member Businesses

Check the appropriate box that indicates whether any of your immediate family members own or manage another company. An “immediate family member” is any person who is your father, mother, husband, wife, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, mother-in-law, or father-in-law. If you answered “Yes,” provide the name of each relative, your relationship to them, the name of the company they own or manage the type of business, and whether they own or manage the company.

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below (if your firm has more than one owner, provide completed copies of this section for each additional owner):

A. Background Information

- (1) Give the name of the owner.
- (2) State his/her title or position within your firm.
- (3) Give his/her home phone number.
- (4) State his/her home (street) address.
- (5) Check the appropriate box that indicates this owner’s gender.
- (6) Check the appropriate box that indicates this owner’s ethnicity (check all that apply). If you checked “Other,” specify this owner’s ethnic group/identity not otherwise listed.
- (7) Check the appropriate box to indicate whether this owner is a U.S. citizen.
- (8) If this owner is not a U.S. citizen, check the appropriate box that indicates whether this owner is a lawfully admitted permanent resident. If this owner is neither a U.S. citizen nor a lawfully admitted permanent resident of the U.S., then this owner is NOT eligible for certification as a DBE owner. This, however, does not necessarily disqualify your firm altogether from the DBE program if another owner is a U.S. citizen or lawfully admitted permanent resident and meets the program’s other qualifying requirements.

B. Ownership Interest

- (1) State the number of years during which this owner has been an owner of your firm.
- (2) Indicate the dollar value of this owner’s initial investment to acquire an ownership interest in your firm, broken down by cash, real estate, equipment, and/or other investment.
- (3) State the percentage of total ownership control of your firm that this owner possesses.
- (4) State the familial relationship of this owner to each other owner of your firm.
- (5) Indicate the number, percentage of the total, class, date acquired, and method by which this owner acquired his/her shares of stock in your firm.

- (6) Check the appropriate box that indicates whether this owner performs a management or supervisory function for any other business. If you checked “Yes,” state the name of the other business and this owner’s title or function held in that business.

- (7) Check the appropriate box that indicates whether this owner owns or works for any other firm(s) that has any relationship with your firm. If you checked “Yes,” identify the name of the other business and this owner’s title or function held in that business. Briefly describe the nature of the business relationship in the space provided.

C. Disadvantaged Status

NOTE: You only need to complete this section for each owner that is applying for DBE qualification (i.e. for each owner who is claiming to be “socially and economically disadvantaged” and whose ownership interest is to be counted toward the control and 51% ownership requirements of the DBE program)

- (1) Indicate in the space provided the total Personal Net Worth (PNW) of each owner who is applying for DBE qualification. Use the PNW calculator form at the end of this application to compute each owner’s PNW.
- (2) Check the appropriate box that indicates whether any trust has ever been created for the benefit of this disadvantaged owner. If you answered “Yes,” briefly explain the nature, history, purpose, and current value of the trust(s).

Section 4: CONTROL

A. Identify your firm’s Officers and Board of Directors:

- (1) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each officer of your firm.
- (2) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each individual serving on your firm’s Board of Directors.
- (3) Check the appropriate box that indicates whether any of your firm’s officers and/or directors listed above performs a management or supervisory function for any other business. If you answered “Yes,” identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.
- (4) Check the appropriate box that indicates whether any of your firm’s officers and/or directors listed above own or work for any other firm(s) that has a relationship with your firm. If you answered “Yes,” identify the name of the firm, the officer or director, and the nature of his/her business relationship with that other firm.

B. Identify your firm’s management personnel (by name, title, ethnicity, and gender) who control your firm in the following areas:

- (1) Making of financial decisions on your firm's behalf, including the acquisition of lines of credit, surety bonds, supplies, etc.;
 - (2) Estimating and bidding, including calculation of cost estimates, bid preparation and submission;
 - (3) Negotiating and contract execution, including participation in any of your firm's negotiations and executing contracts on your firm's behalf;
 - (4) Hiring and/or firing of management personnel, including interviewing and conducting performance evaluations;
 - (5) Field/Production operations supervision, including site supervision, scheduling, project management services, etc.;
 - (6) Office management;
 - (7) Marketing and sales;
 - (8) Purchasing of major equipment;
 - (9) Signing company checks (for any purpose); and
 - (10) Conducting any other financial transactions on your firm's behalf not otherwise listed.
 - (11) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.
 - (12) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the name of the person, and the nature of his/her business relationship with that other firm.
- C. Indicate your firm's inventory in the following categories:**
- (1) **Equipment**
State the type, make and model, and current dollar value of each piece of equipment held and/or used by your firm. Indicate whether each piece is either owned or leased by your firm.
 - (2) **Vehicles**
State the type, make and model, and current dollar value of each motor vehicle held and/or used by your firm. Indicate whether each vehicle is either owned or leased by your firm.
 - (3) **Office Space**
State the street address of each office space held and/or used by your firm. Indicate whether your firm owns or leases the office space and the current dollar value of that property or its lease.
 - (4) **Storage Space**
State the street address of each storage space held and/or used by your firm. Indicate whether your firm owns or leases the storage space and the current dollar value of that property or its lease.
- D. Does your firm rely on any other firm for management functions or employee payroll?**
Check the appropriate box that indicates whether your firm relies on any other firm for management functions or for employee payroll. If you answered
- "Yes," briefly explain the nature of that reliance and the extent to which the other firm carries out such functions.
- E. Financial Information**
- (1) Banking Information
 - (a) State the name of your firm's bank.
 - (b) Give the main phone number of your firm's bank branch.
 - (c) Give the address of your firm's bank branch.
 - (2) Bonding Information
 - (a) State your firm's Binder Number.
 - (b) State the name of your firm's bond agent and/or broker.
 - (c) Give your agent's/broker's phone number.
 - (d) Give your agent's/broker's address.
 - (e) State your firm's bonding limits (in dollars), specifying both the Aggregate and Project Limits.
- F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of persons or firms securing the loan, if other than the listed owner:**
State the name and address of each source, the original dollar amount and the current balance of each loan, and the purpose for which each loan was made to your firm.
- G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years:**
Indicate in the spaces provided, the type of contribution or asset that was transferred, its current dollar value, the person or firm from whom it was transferred, the person or firm to whom it was transferred, the relationship between the two persons and/or firms, and the date of the transfer.
- H. List current licenses/permits held by any owner or employee of your firm.**
List the name of each person in your firm who holds a professional license or permit, the type of permit or license, the expiration date of the permit or license, and the license/permit number and issuing State of the license or permit.
- I. List the three largest contracts completed by your firm in the past three years, if any.**
List the name of each owner or contractor for each contract, the name and location of the projects under each contract, the type of work performed on each contract, and the dollar value of each contract.
- J. List the three largest active jobs on which your firm is currently working.**
For each active job listed, state the name of the prime contractor and the project number, the location, the type of work performed, the project start date, the anticipated completion date, and the dollar value of the contract.
- AFFIDAVIT & SIGNATURE**
Carefully read the attached affidavit in its entirety. Fill in the required information for each blank space, and sign and date the affidavit in the presence of a Notary Public, who must then notarize the form.

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.

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>	<input type="checkbox"/> DBE	Name of certifying agency:
		Has your firm's state UCP conducted an on-site visit?
		<input type="checkbox"/> Yes, on ___/___/___ State: _____ <input type="checkbox"/> No
	<input type="checkbox"/> 8(a)	⊗ STOP! If you checked either the 8(a) or SDB box, you <u>may not</u> have to complete this application. Ask your state UCP about the streamlined application process under the SBA-DOT MOU.
<input type="checkbox"/> SDB		

B. Prior/Other Applications and Privileges

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

Section 2: GENERAL INFORMATION

A. Contact Information

(1) Contact person 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)
(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 NOT for-profit, then you do NOT qualify for this program and do NOT need to fill out this application.

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

Sole Proprietorship
 Partnership
 Corporation
 Limited Liability Partnership
 Limited Liability Corporation
 Joint Venture
 Other, Describe: _____

(8) Has your firm ever existed under different ownership, a different type of ownership, or a different name?
 Yes No
 If Yes, explain: _____

(9) Number of employees: Full-time _____ Part-time _____ Total _____

(10) Specify the gross receipts of the firm for the last 3 years: Year _____ Total receipts \$ _____
 Year _____ Total receipts \$ _____
 Year _____ Total receipts \$ _____

C. Relationships with Other Businesses

(1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff, with any other business, organization, or entity?
 Yes No

If Yes, identify: Other Firm's name: _____
 Explain nature of shared facilities: _____

(2) At present, or at any time in the past, has your firm:	(a) been a subsidiary of any other firm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(b) consisted of a partnership in which one or more of the partners are other firms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(c) owned any percentage of any other firm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(d) had any subsidiaries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(3) Has any other firm had an ownership interest in your firm at present or at any time in the past? Yes No

(4) If you answered "Yes" to any of the questions in (2)(a)-(d) and/or (3), identify the following for each (attach extra sheets, if needed):

	<u>Name</u>	<u>Address</u>	<u>Type of Business</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

D. Immediate Family Member Businesses

Do any of your immediate family members own or manage another company? Yes No

If Yes, then list (attach extra sheets, if needed):

	<u>Name</u>	<u>Relationship</u>	<u>Company</u>	<u>Type of Business</u>	<u>Own or Manage?</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below *(If more than five owners, 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	
(7) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific	
(8) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Subcontinent Asian	
	<input type="checkbox"/> Other (<i>specify</i>) _____	

B. Ownership Interest

(1) Number of years as owner:	(2) Initial investment to acquire ownership interest in firm:	Type	Dollar Value
(3) Percentage owned:		Cash	<input type="checkbox"/> \$
(4) Familial relationship to other owners:		Real Estate	<input type="checkbox"/> \$
		Equipment	<input type="checkbox"/> \$
		other	<input type="checkbox"/> \$
(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? (<i>Use and attach the Personal Financial Statement form at the end of this application; attach additional sheets if more than one owner is applying</i>)
(2) Has any trust been created for the benefit of this disadvantaged owner(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, explain (<i>attach additional sheets if needed</i>):

Section 4: CONTROL**A. Identify your firm's Officers & Board of Directors** *(If additional space is required, attach a separate sheet):*

	Name	Title	Date Appointed	Ethnicity	Gender
(1) Officers of the Company	(a)				
	(b)				
	(c)				
	(d)				
	(e)				
(2) Board of Directors	(a)				
	(b)				
	(c)				
	(d)				
	(e)				

(3) Do any of the persons listed in (1) and/or (2) above perform a management or supervisory function for any other business? Yes No
If Yes, identify for each: Person: _____ Title: _____
Business: _____ Function: _____

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

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

	Name	Title	Ethnicity	Gender
(1) Financial Decisions <i>(responsibility for acquisition of lines of credit, surety bonding, supplies, etc.)</i>	a.			
	b.			
(2) Estimating and bidding	a.			
	b.			
(3) Negotiating and Contract Execution	a.			
	b.			
(4) Hiring/firing of management personnel	a.			
	b.			
(5) Field/Production Operations Supervisor	a.			
	b.			
(6) Office management	a.			
	b.			
(7) Marketing/Sales	a.			
	b.			
(8) Purchasing of major equipment	a.			
	b.			
(9) Authorized to Sign Company Checks (for any purpose)	a.			
	b.			
(10) Authorized to make Financial Transactions	a.			
	b.			

(11) Do any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business? Yes No

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

Business: _____ Function: _____

(12) Do any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)?

Yes No

If Yes, identify for each: Firm Name: _____ Person: _____

Nature of Business Relationship: _____

C. Indicate your firm's inventory in the following categories (attach additional sheets if needed):

(1) Equipment

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 PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I _____ (full name printed), swear or affirm under penalty of law that I am _____ (title) of _____ (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 certify that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Disadvantaged Business Enterprise (DBE). In support of my application, I certify that I am a member of one of the following groups, and that I have held myself out as a member of the group(s) (circle all that apply):

- Female Black American Hispanic American Native American
- Asian-Pacific American Subcontinent Asian American
- Other (specify) _____

I certify that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified above, without regard to my individual qualities.

I further certify that my personal net worth does not exceed \$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:

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ___ day of _____ 20___ by

(name of person making statement)

(Signature of Notary Public-State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally known _____ OR Produced Identification. _____ Type

of Identification Produced _____

Completing Personal Net Worth Statement

(These Statements Are Not Subject To Public Disclosure)

All owners claiming disadvantaged status are reminded that, as requested with the DBE Application, each such owner MUST support their Personal Net Worth Statement by providing complete copies (all schedules) of their last three Federal Individual Income Tax Returns (1040) filed with the Internal Revenue Service.

A Personal Net Worth form **must** be completed by all owners claiming disadvantaged status.

You **must** complete all asset and liability sections (1 through 12) and transfer the totals from each section to the **Net Worth Summary Page**. For any section where no asset or liability exists, you may indicate “*Not Applicable*,” and enter zero(s) on the summary pages. If you require more space in any section, attach additional sheets, and reference the appropriate section number and heading.

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

SECTION 1: CASH ON HAND & IN BANKS

Attachment 17

This is the total amount of your cash on hand, which includes funds deposited in financial institutions, both U.S. and Foreign. 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
CASH			

TOTAL CASH (Summary 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 (Summary Line 2) \$ _____

SECTION 3: LIFE INSURANCE, CASH SURRENDER VALUE ONLY

The cash surrender value of any life insurance policies you own. Indicate any loans against the policies.

COMPANY NAME	CASH VALUE	LOAN AMOUNT

TOTAL CASH VALUE (Summary Line 3) \$ _____

TOTAL LOANS OUTSTANDING (Summary Line 13) \$ _____

SECTION 4: STOCKS, BONDS, AND OTHER SECURITIES

List the value of your investment in stocks, bonds, securities, and any other investments not covered in previous sections.

TRUSTEE OR BROKERAGE ACCOUNT	OWNERSHIP %	MARKET VALUE

TOTAL STOCKS, BONDS, & SECURITIES (Summary Line 4) \$ _____

SECTION 5: INVESTMENT VALUE OF OTHER BUSINESSES

If you own at least 5% of another business, you have a qualifying investment. You must provide information on the current market value of your ownership interest in the business(s). Use the most recent financial statement to determine the value of your investment in the business(es).

NAME OF OTHER BUSINESS	CURRENT VALUE OF YOUR OWNERSHIP

TOTAL VALUE OF OWNERSHIP (Summary Line 5) \$ _____

SECTION 6: REAL ESTATE

Excluding your primary residence, all other residential and business property at current market value. This includes, but is not limited to, rental homes, condos, 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 any first and second mortgages against this real estate. (Describe on a separate sheet)

MORTGAGEE	TYPE OF USE	OWNERSHIP %	PROPERTY VALUE	MORTGAGE BALANCE

TOTAL REAL ESTATE (Summary Line 6) \$ _____

MORTGAGE LOAN(S) (transfer total to line 14 summary) \$ _____

SECTION 7: PERSONAL VEHICLES

List all personal autos, trucks, boats, and recreational vehicles owned at current market value. Include personally owned vehicles that are 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 line of 7 summary) \$ _____

TOTAL LOAN BALANCE (Summary Line 12) \$ _____

SECTION 8: OTHER PERSONAL PROPERTY

Includes personal property items such as household goods, computers, electronic equipment, jewelry, antiques and collections, etc. at current market value. You must retain your compilation, 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.

TOTAL OTHER PERSONAL PROPERTY (Summary 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 (Summary Line 9) \$ _____

SECTION 10: ACCOUNTS PAYABLE

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

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT

TOTAL ACCOUNTS PAYABLE (Summary Line 10) \$ _____

SECTION 11: NOTES PAYABLE

Include the current balances of any personal loans that are not reflected elsewhere in this document and 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.

DESCRIPTION OF LOAN	AMOUNT

TOTAL NOTES PAYABLE (Summary Line 11) \$ _____

SECTION 12 UNPAID TAXES

Include your portion of any obligation for unpaid taxes, i.e. Federal, state, or county property assessments.

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT

TOTAL UNPAID TAXES (Summary Line 15) \$ _____

SECTION 13: OTHER LIABILITIES

Include your share of any liability not previously accounted for in this statement. DO NOT include contingent or deferred liabilities.

DESCRIPTION	AMOUNT

TOTAL OTHER LIABILITIES (Summary Line 16) \$ _____

A. Has the owner transferred any assets to the spouse or another individual, or established trust accounts within the past two years? Yes No (If Yes, provide a statement describing the items transferred and market cost. Provide a copy of written documents applicable.)

**FLORIDA UNIFORM CERTIFICATION PROGRAM
PERSONAL NET WORTH STATEMENT SUMMARY PAGE**

ASSETS	DOLLAR VALUE
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. Value of Other Business(es) (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)	_____
TOTAL ASSETS	\$ _____
LIABILITIES	DOLLAR VALUE
10. Accounts Payable (Total Section 10)	\$ _____
11. Notes Payable (Total Section 11)	_____
12. Notes on Personal Vehicles (Total Section 7)	_____
13. Loan on Life Insurance (Total Section 3)	_____
14. Mortgages on Real Estate (Total Section 6)	_____
15. Unpaid Taxes (Total from Section 12)	_____
16. Other Liabilities (Total Section 13)	_____
TOTAL LIABILITIES	\$ _____
 NET WORTH (Total Assets Minus Total Liabilities)	 \$ _____

(EXHIBIT C)
State of Florida
Unified Certification Program

Disadvantaged Business Enterprise (DBE)
Affidavit For Continuing Eligibility

DECLARATION

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

PRINT NAME AND TITLE OF MAJORITY DISADVANTAGED OWNER: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS (If different): _____

BUSINESS PHONE: _____ FAX NUMBER: _____

DBE FIRM'S GROSS RECEIPTS (most recent complete year): \$ _____ (attach a copy of firm's tax return, Schedule C or a CPA Report. *You must include the gross receipts of any and all affiliate businesses together with their respective tax returns or income statements*)

HAS THERE BEEN A CHANGE IN OWNERSHIP THIS PAST YEAR? YES ___ NO ___ (If "yes," *you must submit 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.*)

DOES THE PERSONAL NET WORTH (PNW) OF ANY DISADVANTAGED OWNER EXCEED \$750,000? YES ___ NO ___ (If "yes," identify the owner(s)) *Personal Net Worth excludes your personal residence and the value of the DBE firm. Include all non-DBE business property, furnishings, jewelry, guns, stocks, bonds, IRAs, livestock, etc.*

HAS THERE BEEN A CHANGE IN MANAGEMENT? (Include Board of Directors for corporations) YES ___ NO ___ (If "Yes," *you must provide the names of new management staff and a description of their duties and responsibilities.*)

I understand that any material misrepresentation will be grounds for de-certification, and for initiation of actions under Federal and/or State laws regarding the making of false statements. I certify that there have been no material changes in the information provided with this firm's most recent complete application for DBE certification, except those heretofore conveyed, in writing, to: _____

STATE OF _____

COUNTY OF _____

Disadvantaged Owner's Printed Name

Disadvantaged Owner's Signature

Corporate Seal:

Sworn to and subscribed before me this ___ day of _____, 20___ by _____
(Affiant's Printed Name)

He/She is personally known to me or has produced _____ (type) as identification.

STATE OF _____

(Notary's Printed Name)

My Commission Expires

(EXHIBIT D)
State of Florida
Unified Certification Program
IMPLEMENTATION PLAN

<u>STEP</u>	<u>ACTION</u>	<u>TIME</u>
1	FUCPC Chairman notifies UCP Members when Secretary, USDOT, approves UCP Agreement.	Upon Approval
2	Members begin processing new DBE applications pursuant to the provisions of UCP Agreement Agreement. [UCP DBE Directory available by July 1, 2002] FDOT provides appropriate training in use of Internet-based system.	Upon Approval
3	FDOT instructs members to forward current DBE Directories and authentication letters pursuant to 3.04.	60 Days
4	FDOT combines Directories and forwards to Executive Committee Members.	30 Days
5	Executive Committee meets and designates a Responsible Certifying Member for each DBE firm.	60 Days
6	Members notified of Executive Committee decisions in Step 5, and are instructed to forward files to designated Responsible Certifying Members.	90 Days
7	Responsible Certifying Members review files of non-Florida firms. [If certified in its home state, a copy of DBE certification is obtained. If not certified in its home state, notice is given that its Florida certification will continue only if there is clear evidence that the firm is seeking home state DBE certification, and that absent such evidence its Florida certification will be revoked.]	90 Days
8	Executive Committee meets to discuss implementation and Progress, resolve issues and establish date for their next meeting.	30 Days
	TOTAL TIME:	360 Days

(EXHIBIT E)
STATE OF FLORIDA
UNIFIED CERTIFICATION PROGRAM
Disadvantaged Business Enterprise
On-Site Review Checklist

FIRM: _____

LOCATION OF REVIEW: _____

REVIEWED BY: _____ **DATE:** _____

[Read to those present representing the applicant firm]

The purpose of an on-site review is to gather information sufficient to determine whether this firm is an on-going, independent small business that is at least 51 percent owned and controlled in both form and substance, by one or more socially and economically disadvantaged individuals.

This interview is being recorded, are there any objections? **YES / NO**

<u>OWNER NAME</u>	<u>TITLE</u>	<u>RACE/GENDER</u>	<u>% OWNED</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(List owners present at the review)

(Allow owner(s) to examine file.)

Does the file contain all of the information submitted by the firm? **YES / NO**

Have there been any changes since the application was filed? **YES / NO** (If "YES," describe the changes.)

ECONOMIC DISADVANTAGE

Which owners claim to be economically disadvantaged?

Were personal net worth statements for each of these owners and their spouses submitted with the firm's DBE application? **YES / NO.** [If "**YES**," were these personal net worth statements completed by a certified public accountant? **YES / NO.** If "**YES**," were the personal net worth statements properly completed, signed and notarized by the owner, his or her spouse and the CPA? **YES / NO.**] *(If current personal net worth statements for these owners and their spouses were not submitted, obtain copies of statements).*

HISTORY AND STRUCTURE OF THE FIRM

Recount the firm's history of development, i.e., who decided to start the business, when, why, etc.

What is the firm's current organizational structure?

Corporation: S _____ C _____ Sole Proprietorship _____ Partnership: _____

Joint Venture: _____ Other (specify): _____

Has the structure of the firm ever changed? **YES / NO** (If "**YES**," explain changes.)

Is the firm the successor to another business? **YES / NO** (If "**YES**," complete items a– c)

(a) Identify the previous firm by name, its owner(s) and the type(s) of service(s) it provided.

(b) Is the previous firm still active? **YES / NO** (If “**YES,**” explain any on-going relationship(s) between firms.)

(c) Are any owners or key employees of the previous firm presently involved in the DBE applicant firm? **YES / NO** (If “**YES,**” provide names, titles, positions and explain their roles in the firm.)

Has the firm filed bankruptcy in the past seven (7) years? **YES / NO** (If “**YES,**” explain and *obtain documentation showing the current status of bankruptcy proceedings.*)

OWNERSHIP / CAPITAL CONTRIBUTION

How were the ownership percentages established, and who made the determination?

What method of payment was made by current owners to establish their percentage of ownership? (*If this is an initial application, obtain appropriate documentation, to include any necessary supporting affidavits.*)

Does *cash* invested by owners appear as a deposit on the opening bank statement? **YES / NO** (If “**NO**,” explain.) (If “**YES**,” *obtain a copy of the opening bank statement*).

Were contributions *other than cash* used to establish ownership? **YES / NO** (If “**YES**,” detail such contributions, and quantify their monetary value relative to contributions of other owners. If contributions were technical expertise, define the nature of the expertise and quantify its monetary value. *Obtain Minutes quantifying value to the firm.*)

Were *real property, equipment or other assets* contributed in exchange for ownership? **YES / NO** (If “**YES**,” detail the nature and value of the assets relative to the contributions made by other owners. Note whether these contributions are recorded in the firm’s financial records as an investment. *Obtain copies of titles, bills of sale, receipts or necessary affidavits.*)

Are any disadvantaged owners married? **YES / NO** (If “**YES**,” were jointly held assets used to acquire ownership? **YES / NO**) (If “**YES**,” identify the assets, and determine whether the non-disadvantaged spouse has irrevocably transferred ownership of the firm to the disadvantaged spouse. *Obtain supporting documents.*)

Have all capital investments been recorded in the firm's Organizational Meeting Minutes? **YES / NO** (If "**NO**," explain.)

Were cash investments sufficient to provide initial working capital? **YES / NO** (If "**NO**," what other sources of capital were used?)

Is the firm partially owned by another business? **YES / NO** (If "**YES**," detail the ownership, explain any relationships and *obtain copies of any agreements*.)

Is there a voting trust, shareholder or other third party agreement that affects ownership, control or independence? **YES / NO** (If "**YES**," explain and *obtain copies*.)

MANAGEMENT AND CONTROL

Do the owners, officers, directors, managers or key employees of the firm have any ownership interest in or participate in the management of any other business? **YES / NO** (If “**YES**,” specify who, and explain any relationship between firms.)

Does the firm operate full time? **YES / NO** (Specify normal hours of operation, and determine whether disadvantaged owners are active during these hours.)

Do any disadvantaged owners work for another business? **YES / NO** (If “**YES**,” identify the owners, and by whom they are employed. Describe any on-going relationships between firms and specify hours worked by disadvantaged owners.)

Are any Officers or members of the Board of Directors **NOT** active in the day-to-day management and operation of the firm? **YES / NO** (If “**YES**,” provide the names of inactive officers and/or members of the Board.)

What essential technical skills must owners, Officers, managers and key employees possess for this business to successfully operate?

Which owners, Officers, managers or key employees possess these essential skills?

Are the essential technical skills reflected in the resumes of disadvantaged owners? **YES / NO** (If “**NO**,” determine how these skills are provided to the firm. *If necessary, obtain updated resumes for disadvantaged owner(s).*)

How do disadvantaged owners control operations in each Industry Classification and/or Specialty Code work area identified in the DBE application?

What business, occupational, professional licenses, certifications or other designations are required for the firm to operate? (*List and obtain copies*).

Does the firm have all required licenses, certifications or designations required for it to legally perform the work listed on the DBE application? **YES / NO** (If “**NO**,” explain how the firm proposes to carry out such work.)

In whose name are licenses, certification and designations issued, and what position does the person hold with the firm?

Have there been any significant events or business accomplishments since start-up? **YES / NO** (If **“YES,”** how did the disadvantaged owners contribute to or otherwise participate?)

PERSONNEL / OWNER RESPONSIBILITIES

Does the firm have enough employees to perform all work listed on the DBE application? **YES / NO** (If “**NO**,” determine how the firm plans to obtain staffing necessary to perform work.)

Does the firm ever subcontract work? **YES / NO** (If “**YES**,” determine with whom, when, why, how often this occurs. How much work is customarily subcontracted?)

Do non-disadvantaged owners receive salary and benefits greater than that enjoyed by disadvantaged owner(s)? **YES / NO** (If “**YES**,” determine those involved and explain the reasoning behind same.)

Has the firm ever used employees that were being compensated by another business to perform work? **YES / NO** (If “**YES**,” explain who is involved, why and how often this occurs. Determine whether there are any on-going business relationships.)

Who makes the following decisions?

Overall Policy:_____

Financial:_____

Personnel:_____

Bidding:_____

Estimating:_____

Field Supervision:_____

Contracting:_____

Marketing:_____

Payroll:_____

Administrative:_____

Do disadvantaged owners delegate any of these decisions? **YES / NO** (If “**YES**,” determine to whom, and why, decisions are delegated. Have these responsibilities been permanently delegated? **YES / NO** If “**YES**,” do disadvantaged owners have authority to terminate the designee?)

NOTES, LOANS AND EQUIPMENT

Has the firm established a financial line of credit with a lending institution? **YES / NO** (If “**YES**,” specify the size of the line, and explain how it is secured. *Obtain a copy of the agreement*).

Has anyone, other than a disadvantaged owner, provided security or collateral to assist the firm in acquiring financing? **YES / NO** (If “**YES**,” ascertain the amount of assistance or financing, the type and value of security pledged and *obtain a copy of the finance agreement*. Determine whether anyone is more at risk for business debt than disadvantaged owners, and why.)

Has the firm ever used the equipment of another business to perform its work? **YES / NO** (If “**YES**,” explain the circumstances and determine whether the other business invoiced the applicant for use of equipment.)

OBSERVATIONS / COMMENTS

Describe the firm's offices, warehouses, shops, yards and related facilities.

Is the firm identified with a sign? **YES / NO**

Do disadvantaged owner's offices reflect their position? **YES / NO**

Does the firm share office space with other firms? **YES / NO**

Is there a lease for the firm's office/facilities? **YES / NO**

Are there canceled checks for payment of rents? **YES / NO**

Review payroll. Are employees being paid, and is compensation within prevailing wage rates? **YES / NO**

Are 1099's being completed for independent contractors? **YES / NO**

Review 3 months of canceled checks. Are disadvantaged owners in control of financial matters? **YES / NO**

Review routine office correspondence. Does this indicate that disadvantaged owners are in control? **YES / NO**

Review the firm's corporate records (i.e. stock certificates, transfer ledger, minutes, etc.). Do these support ownership, control and independence as portrayed in the DBE application? **YES / NO**

Review the three largest contracts or bids, proposals, estimates, invoices etc. for the past year. Do these support the disadvantaged owner's control as well as business independence? **YES / NO**

If the DBE application included code #220, "Material Supplier" or "Regular Dealer," does the firm meet the definition defined in Rule? **YES / NO**

If the DBE application included "Trucking or "TRK," does **YES / NO**

the firm own and operate at least one truck?

Review disadvantaged owner personal net worth statement(s).

YES / NO

Does the statement support the claim of economic disadvantage in each case?

Does the firm possess the necessary personnel, equipment and other resources to perform the types of work listed on the DBE application?

YES / NO

Review the disadvantaged owner resumes.

YES / NO

Are disadvantaged owners controlling critical areas in all types of work listed on the DBE application?

Outline and explain responses that raise concerns about the firm's ownership, control or independence.

REGULAR DEALER / MATERIAL SUPPLIER

Is the firm applying for DBE certification as a Regular Dealer or Material Supplier? **YES / NO** (If “**YES**,” complete the remainder of this section.)

What materials does the firm supply or propose to supply?

Does the firm install or otherwise provide material related services at the job site? **YES / NO**

What is the normal market for materials? (Are they available to the general public; bulk items; specialty items etc.?)

Does the firm have an inventory? **YES / NO** (If “**YES**,” *obtain a current inventory.*)

How are materials delivered to the job site?

Does the firm make any change to material items before they are sold and delivered? **YES / NO** (If “**YES**,” explain the changes made.)

At what point in the ordering to delivery cycle does the firm assume ownership of the goods or materials?

When materials are direct shipped to the job-site, who makes arrangements, and who pays for shipping?

Does the firm have it's own delivery mechanism and resources? **YES / NO** (If **"YES,"** describe them. If **"NO,"** explain how the firm intends to accomplish delivery.)

Does the firm have a history as a Material Supplier or Regular Dealer? **YES / NO** (If **"YES,"** review historical information regarding inventories, purchases, sales and deliveries).

TRUCKING FIRMS

Does the DBE application reflect that the firm will provide trucking or hauling services? YES / NO
(If “YES,” complete the remainder of this section.)

(a) How many trucks does the firm **own or lease long term, with an option to purchase?** _____
(Obtain copies of all Bills of Sale and titles or registrations)

(b) How many trucks does the firm **lease long term?** _____
(Obtain copies of lease agreements and vehicle registrations.)

(c) How many CDL drivers are on the firm’s payroll? _____

(d) Are all of the foregoing vehicles regularly used in day-to-day trucking/hauling operations? **YES / NO**
(If “NO,” determine why not. If “YES,” obtain copies of payrolls, trip tickets, maintenance and fuel records, etc. which support day-to-day usage, ONLY when there may be some uncertainty in this area.)

(e) Does the firm have required insurance coverage on it’s owned and leased vehicles?
YES / NO (If “NO,” explain how the firm intends to operate vehicles legally on roadways).

Outline and explain any factors that you feel bear on whether the firm meets the requirements for trucking firms as set forth in Rule:

STATE OF FLORIDA
UNIFIED CERTIFICATION PROGRAM
DISADVANTAGED BUSINESS ENTERPRISE (DBE)
OWNER AFFIDAVIT

I, _____, do solemnly swear or affirm that I am
(Printed Name of Owner)

a socially and economically disadvantaged individual, and that I am majority owner of

_____. I have submitted an application for
(Name of Business)

certification as a Disadvantaged Business Enterprise (DBE) dated _____
_____, 20____.

I have, this day, reviewed the DBE application and supporting documents contained in my file, and I affirm that the information contained therein is true and correct.

I have voluntarily represented my business at an On-Site Review conducted this date, and I affirm that the statements I have given are true.

I hereby represent that my business is a Socially and Economically Disadvantaged Business as provided by law, subject to the provisions of Florida Statute 337.135, as amended, 1987.

I further swear or affirm that I have been advised that a violation of Florida Statute 337.135 is a felony of the 2nd Degree, and is punishable as provided by law.

(Signature of Individual)

_____, 20____
(Date)

Witness: _____
(Signature)

Witness: _____
(Signature)

Florida Unified Certification Program

PROCEDURE MEMORANDUM # 2005-001

**Subject: UCP APPLICATION REQUIREMENT – DBE FIRMS
CERTIFIED PRIOR TO 8/1/05**

By action of the majority of Certifying Members of Florida's Unified Certification Program [UCP], the UCP hereby adopts this Procedure Memorandum

Responsible Certifying Members [RCM] of Florida's UCP are hereby, and henceforth, required to act accordingly, unless amended, repealed or found to conflict with 49 CFR 26, Federal, State or local laws.

RCM's shall insure that all Disadvantaged Business Enterprise (DBE) firms submit or have submitted a UCP DBE Application, and that all the required documentation attendant thereto is a part of the DBE file.

To this end, over the next three (3) years, RCM's will require that all existing certified DBE firms complete a UCP DBE Application and submit any heretofore missing support documentation as now required by 49 CFR, Part 26.

Once a DBE firm has completed a UCP DBE Application and provided all of the information required therein, the RCM shall continue DBE eligibility on an annual basis as set forth in 49 CFR 26 and Procedure Memorandum 2005-003.

Existing DBE firms that have submitted a UCP DBE Application, during the past two (2) years, as part of any pre-UCP or other recertification process, shall not be required to submit additional UCP DBE Application in order that an RCM remain in compliance with this Procedure.

Approved, as to form, this _____ day of _____,
2006.

Florida Unified Certification Program

PROCEDURE MEMORANDUM #2005-002

**Subject: “DECERTIFY” CHANGED TO “REMOVE
CERTIFICATION”**

By action of the majority of Certifying Members of Florida’s Unified Certification Program [UCP], the UCP hereby adopts this Procedure Memorandum.

Responsible Certifying Members [RCM] of Florida’s UCP are, and henceforth, required to act accordingly, unless amended, repealed, or found to conflict with 49 CFR 26, Federal, State or local laws.

Whenever a RCM takes action to **remove** the DBE certification of a firm (decertify a firm), the action shall be termed “Remove Certification,” as opposed to “Decertify.”

Approved, as to form, this 18th day of January, 2007.

Florida Unified Certification Program

PROCEDURE MEMORANDUM #2005-003

Subject: CONTINUING ELIGIBILITY – REAPPLICATION NOT REQUIRED

By action of the majority of Certifying Members of Florida's Unified Certification Program [UCP], the UCP hereby adopts this Procedure Memorandum.

Responsible Certifying Members [RCM] of Florida's UCP are, and henceforth, required to act accordingly, unless amended, repealed, or found to conflict with 49 CFR 26, Federal, State or local laws.

Notwithstanding the provisions of Procedure Memorandum 2006-001 [UCP Application Requirement - DBE firms certified prior to 8/1/05], RCM's shall not require that a firm certified as a Disadvantaged Business Enterprise [DBE] by the UCP continue its eligibility by submitting a UCP DBE Certification Application once every three (3) years.

DBE firms will continue DBE eligibility annually through submission of the Affidavit for Continuing Eligibility on or before the Anniversary Date.

Approved, as to form, this 18th day of January, 2007.

Florida Unified Certification Program

PROCEDURE MEMORANDUM #2005-004

**Subject: CONTINUING ELIGIBILITY NOTICE – DELIVERY BY
RCM**

By action of the majority of Certifying Members of Florida's Unified Certification Program [UCP], the UCP hereby adopt this Procedure Memorandum.

Responsible Certifying Members [RCM] of Florida's UCP are hereby, and henceforth, required to act accordingly, unless amended, repealed or found to conflict with 49 CFR 26, Federal, State or local laws.

RCM's shall mail all Notices of Continuing Eligibility via Certified Mail, Return Receipt Requested, no less than ninety (90) days prior to the DBE's Anniversary Date.

Approved, as to form, this 18th day of January, 2007.

Florida Unified Certification Program

PROCEDURE MEMORANDUM #2005-05

Subject: AFFIDAVIT FOR CONTINUING ELIGIBILITY ACTION - AFFIDAVIT NOT RECEIVED BY ANNIVERSARY DATE

By action of the majority of Certifying Members of Florida's Unified Certification Program [UCP], the UCP hereby adopts this Procedure Memorandum.

Responsible Certifying Members [RCM] of Florida's UCP are hereby, and henceforth, required to act accordingly, unless amended, repealed or found to conflict with 49 CFR 26, Federal, State or local laws.

RCM's shall take the following action if a DBE firm's "Affidavit for Continuing Eligibility" is not received on or before the Anniversary Date, ensuring that due process is provided to the DBE firm:

1. The RCM shall immediately prepare a "Notice of Intent to Remove Certification", in the format adopted by the UCP.
2. The RCM shall immediately mail the Notice to the DBE firm via Certified Mail-Return Receipt Requested.
3. The RCM shall allow the DBE firm at least fifteen (15) days from the date that the Notice is received by the DBE firm to either provide the "Affidavit for Continuing Eligibility" and supporting documentation or request a hearing in accordance with the instructions provided by the RCM.
4. If the DBE neither provides the "Affidavit for Continuing Eligibility" and supporting documentation nor requests a local hearing on or before the day following the DBE firm's receipt of the Notice, the RCM shall immediately prepare a "Notice of Certification Removal", in the format adopted by the UCP.
5. The "Notice of Certification Removal" will be dated the day following the deadline established pursuant to #4 above and will be delivered to the DBE firm via Certified Mail, Return Receipt Requested.

6. Unless the DBE firm has provided the "Affidavit for Continuing Eligibility" and all supporting documentation or requested a hearing, the RCM shall remove the firm's DBE designation from the UCP's DBE Directory.

Approved, as to form, this 18th day of January, 2007.

Florida Unified Certification Program

PROCEDURE MEMORANDUM #2005-006**Subject: AFFIDAVIT FOR CONTINUING ELIGIBILITY - MINIMUM SUPPORT DOCUMENTATION REQUIREMENTS**

By action of the majority of Certifying Members of Florida's Unified Certification Program [UCP], the UCP hereby adopts this Procedure Memorandum.

Responsible Certifying Members [RCM] of Florida's UCP are hereby, and henceforth, required to act accordingly, unless amended, repealed or found to conflict with 49 CFR 26, Federal, State or local laws.

RCM's will require that all DBE firms, in order to continue eligibility, submit an "Affidavit for Continuing Eligibility" annually on or before the Anniversary Date.

The "Affidavit for Continuing Eligibility" shall include, at a minimum:

1. Complete business tax return for the current year (This must be a Form 1120, 1120S, 1065 or a Schedule C) (*must include the gross receipts of any and all affiliate businesses together with their respective tax returns*).
2. Up-to-date statement of Personal Net Worth [PNW] (a separate PNW is required for every owner claiming disadvantaged individual status).
3. Current personal tax returns (a separate Form 1040 is required for every owner claiming disadvantaged individual status).
4. Current business, occupational, professional license and certifications.
5. Supporting documentation for any "yes" response to Items "b" or "d" on the "Affidavit for Continuing Eligibility".

Approved, as to form, this 18th day of January, 2007.

Florida Unified Certification Program

PROCEDURE MEMORANDUM #2005-007

Subject: REQUIREMENT FOR LICENSURE / CERTIFICATES OF COMPETENCY

By action of the majority of Certifying Members of Florida's Unified Certification Program [UCP], the UCP hereby adopts this Procedure Memorandum.

Responsible Certifying Members [RCM] of Florida's UCP are, and henceforth, required to act accordingly, unless amended, repealed, or found to conflict with 49 CFR 26, Federal, State or local laws.

RCMs shall ensure that all DBE certified firms and new applicants meet appropriate State and/or local licensing requirements. A firm must hold all competency licenses or certificates that may be required within their respective home office location. Absent the foregoing, DBE certification shall be denied or removed.

Approved, as to form, this 18th day of January, 2007.

Florida Unified Certification Program

PROCEDURE MEMORANDUM #2005-008**Subject: PROFESSIONAL LICENSURE AND REGISTRATION**

By action of the majority of Certifying Members of Florida's Unified Certification Program [UCP], the UCP hereby adopts this Procedure Memorandum.

Responsible Certifying Members [RCM] of Florida's UCP are, and henceforth, required to act accordingly, unless amended, repealed, or found to conflict with 49 CFR 26, Federal, State or local laws.

Whenever professional licensing or registration is required for a firm to conduct its business in Florida i.e. Engineers, Architects, General Contractors, Appraisers, Certified Public Accountants etc., RCM shall consider the following in assessing whether a firm is controlled by one or more disadvantaged individual owners:

- (1) A disadvantaged individual owner need NOT hold such professional license or registration in his or her own name, **PROVIDED** that he or she has requisite education, training and experience sufficient to ensure that he or she is able to make decisions, both long term and day-to-day, based on input from subordinate staff.
- (2) If the State requires an individual professional license or registration in order to own and/or control a particular business, a disadvantaged individual owner MUST be the license or registration holder.
- (3) The absence of professional license or registration held in the name of a disadvantaged individual owner is but one factor to consider when assessing control of the firm by its disadvantaged owner(s).

Approved, as to form, this 18th day of January, 2007.

NOTE: *Professional licensure or registration not held by disadvantaged individual owner(s); disadvantaged individual owner(s) must possess education, training and experience equal to or greater than that of subordinate staff providing input.*

Florida Unified Certification Program

PROCEDURE MEMORANDUM #2005-009

Subject: AFFIDAVIT FOR CONTINUING ELIGIBILITY PROCESS

By action of the majority of Certifying Members of Florida's Unified Certification Program [UCP], the UCP hereby adopts this Procedure Memorandum.

Responsible Certifying Members [RCM] of Florida's UCP are, and henceforth, required to act accordingly, unless amended, repealed, or found to conflict with 49 CFR 26, Federal, State or local laws.

RCM will provide notice to all certified DBE firms regarding the required submission of an "Affidavit for Continuing Eligibility" not less than ninety (90) days in advance of the Anniversary Date.

The notice shall include the required affidavit.

RCMs will utilize Certified Mail, Return Receipt Requested, for the delivery of said notices and affidavits.

If, prior to the Anniversary Date, an RCM receives an affidavit **WITHOUT** all required supporting documentation, it will notify the DBE firm in writing that the process is incomplete and that all required supporting documentation must be received within thirty-five (35) days from the date on the notification.

In this instance, the DBE firm is not removed from the DBE Directory unless the firm fails to submit the documentation within the thirty-five (35) days.

If a DBE firm fails to respond within the thirty-five (35) days, the removal process shall commence on the thirty-sixth (36th) day.

Approved, as to form, this 18th day of January, 2007.

Florida Unified Certification Program

PROCEDURE MEMORANDUM #2005-010

Subject: UCP AUTHORITY – AGREE TO ABIDE

By action of the majority of Certifying Members of Florida's Unified Certification Program [UCP], the UCP hereby adopts this Procedure Memorandum.

Responsible Certifying Members [RCM] of Florida's UCP are, and henceforth, required to act accordingly, unless amended, repealed, or found to conflict with 49 CFR 26, Federal, State or local laws.

RCMs must govern themselves according to the provisions of 49 CFR 26, the guidelines set forth in the UCP Agreement, the procedures approved by a majority of RCMs and such procedures, decisions and/or processes adopted by the Executive Committee.

Approved, as to form, this 18th day of January, 2007.

Florida Unified Certification Program

PROCEDURE MEMORANDUM #2005-011

Subject: UCP AUTHORITY – MEMBER “DISPUTES”

By action of the majority of Certifying Members of Florida’s Unified Certification Program [UCP], the UCP hereby adopts this Procedure Memorandum.

Responsible Certifying Members [RCM] of Florida’s UCP are, and henceforth, required to act accordingly, unless amended, repealed, or found to conflict with 49 CFR 26, Federal, State or local laws.

RCMs will make every effort to resolve any issues between them. Normally, this is accomplished through teleconferencing, but may employ any agreed upon forum.

The Executive Committee shall be the final arbiter in such matters, but ONLY when the RCMs cannot resolve matters themselves.

Only after failing to resolve a matter as outlined above, shall the matter be deemed a “Dispute.”

“Disputes” shall be submitted in writing to the Executive Committee for resolution.

Approved, as to form, this 18th day of January, 2007.

Florida Unified Certification Program

PROCEDURE MEMORANDUM #2005-012

Subject: CERTIFYING MEMBER TRAINING REQUIREMENT

By action of the majority of Certifying Members of Florida's Unified Certification Program [UCP], the UCP hereby adopts this Procedure Memorandum.

Responsible Certifying Members [RCM] of Florida's UCP are, and henceforth, required to act accordingly, unless amended, repealed, or found to conflict with 49 CFR 26, Federal, State or local laws.

All RCMs are required to attend UCP training provided by USDOT, or such other DBE certification training as may be approved by the majority of the RCMs.

Approved, as to form, this 18th day of January, 2007.

Florida Unified Certification Program

PROCEDURE MEMORANDUM #2005-013

Subject: DETERMINING “RESPONSIBLE CERTIFYING MEMBER”

By action of the majority of Certifying Members of Florida’s Unified Certification Program [UCP], the UCP hereby adopts this Procedure Memorandum.

Responsible Certifying Members [RCM] of Florida’s UCP are, and henceforth, required to act accordingly, unless amended, repealed, or found to conflict with 49 CFR 26, Federal, State or local laws.

When a member receives a DBE application, it shall immediately determine the appropriate RCM. Whether the receiving member is Certifying or Non-Certifying, the criteria employed in determining the RCM shall be that which appears in Section 3.02 of the UCP Agreement.

Section 3.02 of the UCP Agreement shall take precedence in all matters related to the initial assignment and processing of DBE applications.

Approved, as to form, this 18th day of January, 2007.

Florida Unified Certification Program

PROCEDURE MEMORANDUM #2007-001

Subject: DBE – STATUS - 1

By action of the majority of Certifying Members of Florida's Unified Certification Program [UCP], the UCP hereby adopts this Procedure Memorandum.

Responsible Certifying Members [RCM] of Florida's UCP are, and henceforth, required to act accordingly, unless amended, repealed, or found to conflict with 49 CFR 26, Federal, State or local laws.

Once a firm has been certified as a DBE in Florida, the RCM shall designate it as such in the DBE Directory.

Members will recognize the DBE status of all firms listed in the directory.

Approved, as to form, this 18th day of January, 2007.

Florida Unified Certification Program

PROCEDURE MEMORANDUM #2007-002

Subject: DBE STATUS - 2

By action of the majority of Certifying Members of Florida's Unified Certification Program [UCP], the UCP hereby adopts this Procedure Memorandum.

Responsible Certifying Members [RCM] of Florida's UCP are, and henceforth, required to act accordingly, unless amended, repealed, or found to conflict with 49 CFR 26, Federal, State or local laws.

Once a firm has been DBE certified in Florida, it shall remain certified unless and until the RCM takes an affirmative action to remove its DBE certification.

In any such instance, the RCM will immediately remove the firm's DBE designation from the directory.

Approved, as to form, this 18th day of January, 2007.

Florida Unified Certification Program

PROCEDURE MEMORANDUM #2009-001

Subject: Change of Status Request - Executive Committee

By action of the majority of Certifying Members of Florida's Unified Certification Program [UCP], the UCP hereby adopts this Procedure Memorandum.

All members of Florida's UCP are, and henceforth shall be, required to act accordingly, unless amended, repealed, or found to conflict with 49 CFR, Parts 23 and 26, Federal, State or local law.

Certifying and non-certifying members are defined at Article 2, Sections 2.01 and 2.03, UCP Agreement, respectively.

Types of Members, their duties and their responsibilities are found at Article 4, UCP Agreement.

A change in a Florida UCP member's status is authorized by this Procedure.

FDOT shall acknowledge receipt of and forward a Request for Status Change from any UCP member to members of the executive Committee within five (5) working days.

Upon receipt, the Executive Committee shall:

1. In the case of a member changing from **non-certifying to certifying**:
 - a. Evaluate the member's ability to accept and process DBE applications and continuing eligibility affidavits in accordance with 49 CFR, Parts 23 and 26.
 - b. Insure the member meets the training requirement set forth in Procedure Memorandum #2005-012.
 - c. Discuss re-distribution of work with affected members
 - d. Approve a change of status from non-certifying to certifying in writing.
 - e. Re-distribute work from, and to, members.
2. In the case of a member changing from **certifying to non-certifying**:
 - a. Assign a representative to visit the member changing status to review, assess and recommend action(s) such that the member's files meet the requirements of 49 CFR, Parts 23 and 26.
 - b. Direct and monitor the re-distribution of effected DBE files, pursuant to the provisions established in Procedure Memorandum #'s 2009-002 and 2009-003.
 - c. Notify UCP members of the status change.

The Executive Committee shall complete the foregoing within forty-five (45) working days of its receipt of a Change of Status request.

All UCP members shall be bound by the re-distribution approved, and implemented, by the Executive Committee.

Approved, as to form, this 6th day of October, 2009.

Florida Unified Certification Program

PROCEDURE MEMORANDUM #2009-002

**Subject: Member Change of Status Request
Non-Certifying To Certifying
Requesting Member Responsibilities**

By action of the majority of Certifying Members of Florida's Unified Certification Program [UCP], the UCP hereby adopts this Procedure Memorandum.

All members of Florida's UCP are, and henceforth shall be, required to act accordingly, unless amended, repealed, or found to conflict with 49 CFR, Parts 23 or 26, Federal, State or local law.

Certifying and non-certifying members are defined at Article 2, Sections 2.01 and 2.03, Florida UCP Agreement, respectively.

Types of Members, their duties and their responsibilities are found at Article 4, Florida UCP Agreement.

A change in a Florida UCP member's status is authorized by this Procedure.

A Change of Status Request [Request] from **non-Certifying to Certifying** may be initiated by a member by notifying the UCP's Executive Committee, in writing, not less than forty-five (45) working days prior to the desired effective date of the change.

The Request shall be transmitted by Certified Mail, delivered to Florida Department of Transportation, Equal Opportunity Office, 605 Suwannee Street, Mail Station 65, Tallahassee, Florida 32399-0450.

The Request must be initiated by the member's governing body (the body originally signing the Florida UCP Agreement as a USDOT Recipient) as found in the UCP's record held by FDOT.

The Request shall include the signature(s) of those individual(s) authorized to act on behalf of the UCP members governing body.

A member requesting the status change shall not receive or process DBE applications or Continuing Eligibility Affidavits until the approved effective date established by the UCP's Executive Committee.

Approved, as to form, this 6th day of October, 2009.

Florida Unified Certification Program

PROCEDURE MEMORANDUM #2009-003

**Subject: Member Status Change Request
Certifying To Non-Certifying
Requesting Member Responsibilities**

By action of the majority of Certifying Members of Florida's Unified Certification Program [UCP], the UCP hereby adopts this Procedure Memorandum.

All members of Florida's UCP are, and henceforth shall be, required to act accordingly, unless amended, repealed, or found to conflict with 49 CFR, Parts 23 or 26, Federal, State or local law.

Certifying and non-certifying members are defined at Article 2, Sections 2.01 and 2.03, UCP Agreement, respectively.

Types of Members, their duties and their responsibilities are found at Article 4, UCP Agreement.

A change in a Florida UCP member's status is authorized by this Procedure.

A Change of Status Request [Request] from **Certifying to non-Certifying** may be initiated by a member by notifying the UCP's Executive Committee, in writing, not less than forty-five (45) working days prior to the desired effective date of the change.

The Request shall be transmitted by Certified Mail, delivered to Florida Department of Transportation, Equal Opportunity Office, 605 Suwannee Street, Mail Station 65, Tallahassee, Florida 32399-0450.

The Request must be initiated by the member's governing body (that body having originally signed the Florida UCP Agreement as a USDOT Recipient) as found in the UCP's record held by FDOT.

The Request shall include the signature of those individuals authorized to act on behalf of the member and its governing body.

Except, as otherwise provided for as "**Hardship Circumstances**," the requesting member shall:

1. Continue to receive and process Disadvantaged Business Enterprise [DBE] applications and Continuing Eligibility Affidavits until the effective date established by the Executive Committee.
2. Complete processing all DBE applications and Continuing Eligibility Affidavits received prior to the effective date of established by the Executive Committee.

3. Insure that all DBE files to be transferred or re-distributed include all support documents required by 49 CFR Parts 26 and 23.
4. Allow Executive Committee representatives, to visit the location where the status changing member's DBE files are stored and/or maintained.
5. Allow the Executive Committee representatives to review and inspect all active DBE files to be transferred or re-distributed.
6. Take such steps, as recommended by the Executive Committee or its representative, to bring active DBE files into compliance with the requirements of 49 CFR Parts 26 and 23.

Files held by the requesting member, as of the approved effective date, excluding those files "in process," shall be delivered to receiving members designated by the Executive Committee, or its representatives.

DBE files "in process," as of the effective date, shall be delivered to receiving members, designated by the Executive Committee or its representatives, immediately after a certification decision is rendered, including any and all actions to appeal the certification decision of the requesting member.

The requesting member shall insure prompt timely delivery of active DBE files to the receiving members, designated by the Executive Committee or its representatives. Delivery of records shall be at the requesting member's expense, if applicable.

HARDSHIP CIRCUMSTANCES shall be communicated to the Executive Committee as part of the member's Request, and such circumstances shall be evaluated by the Committee on a case by case basis.

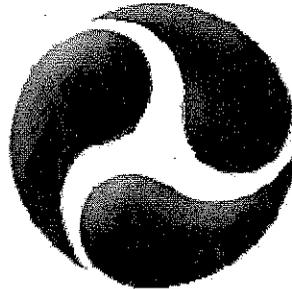
The Executive Committee shall take appropriate action, such that the continuity and integrity of the UCP are not compromised as the result of the member's hardship circumstances.

Approved, as to form, this 6th day of October, 2009.

**U.S. DEPARTMENT OF
TRANSPORTATION**
Departmental Office of Civil Rights

**DBE Certification Appeals
Program**

**A Guide to Certification Appeals to
the Department of
Transportation**



Joseph E. Austin, Chief
*External Policy and Program
Development Division*

DBE Certification Appeals Program

The Director of Civil Rights has delegated responsibility to the External Policy & Program Development Division (EP&PDD) to adjudicate appeals and other disputes relating to denials of DBE Certification by a transportation recipient. This Division must render a decision within 180 days upon receipt of records 49 CFR § 26.89(f)(8).

The External Policy & Program Development Division – through the DBE Certification Appeals Program – also conducts a number of other activities in support of this program. The staff provides training to State and local agencies on certification procedures and conducts outreach efforts to the community to inform individuals and businesses of their rights under the Department's Regulations, 49 CFR Parts 23 and 26.

The Department receives between 200 and 300 new appeals annually. The staff presently requires about 60 hours to adjudicate a case after receipt of the complete file. During the past 11 years, the EP&PDD adjudicated over 2000 certification appeals and third-party complaints.

In Fiscal Year 1995, the EP&PDD closed 322 appeals, which eliminated the backlog created by unusual circumstances in FY-94. Closures for Fiscal Year 1996-98 averages 213 appeals.

The staff also participates with the Office of Small and Disadvantaged Business Utilization staff in its market place outreach program. If you need information on future visits and presentations, please call (202) 366-4754.

Certification is the Key to participating in the DBE Program.

For general information about the DBE program, please contact the following offices (Area Code 202):

Federal Highway Administration.....366-0693
Federal Transit Administration.....366-4018
Federal Aviation Administration.....267-3270

or

The Office of Small and Disadvantaged Business Utilization.....366-1930

Web address: osdbuweb.dot.gov

**DBE Certification Program
– The Appeal Process**

- **Major Considerations**
 - Certification Eligibility
 - Standard Industrial Classification (SIC) Code
 - Limitations
 - Affiliates
 - Franchises
 - Concessionaires
 - DOT/SBA Limitations
 - Joint Ventures

- **Other Major Considerations**
 - Local Procedures
 - Right to Appeal
 - Acceptance of Appeal

- Investigative File
- DOT Review
- DOT Decision
- Judicial Review

- **To appeal to the Department**

Firms should submit denials of DBE certification appeals to the US Department of Transportation (DOT) within 90 days from the date of denial by a DOT recipient. All Appeals should be submitted to:

Departmental Office of Civil Rights
External Policy & Program Development Division
400 7th Street SW – Room 5414
Washington, DC 20590

For more information about this program contact the External Policy & Program Development Division at (202) 366-4754

Web address: www.dot.gov/ost/docr or
E-Mail: EPPD@ost.dot.gov

WHO IS AN ELIGIBLE DBE?

An eligible DBE firm is one that is at least 51% owned and controlled by one or more socially and economically disadvantaged individuals. Also, the firm must be controlled and managed on a daily basis by the disadvantaged owner(s).

A firm must also be a small business concern as defined by the Small Business Administration's (SBA) Regulation at 13 CFR Part 121 and Department's Regulations at 49 CFR Part 26, which provides for a cap of \$17.42 million annual average gross receipts over a three year period for general construction firms.

Size standards for concessionaires doing business at airports differ from size standards of DBEs engaged in highway and transit related construction activities. FAA Regulations are pending at this time.

A joint venture can be certified as a DBE if the DBE partner meets the above criteria, shares in ownership, control, management, risks, and profits of the joint venture,

and is responsible for a clearly defined portion of the work performed.

DBE eligibility criteria for DOT-assisted projects are uniformly applied by the Federal Highway Administration, Federal Transit Administration, and the Federal Aviation Administration. States and other local organizations and agencies may conduct their own certification or may rely on another recipient's certification. Many recipients rely on State DOT certifications. As presently structured, the recipient is always responsible for the certification of a Disadvantage Business Enterprise firm.

Eligibility Standards Required by 49 CFR Parts 23 and 26

Major considerations:

Business size – *Periodically adjusted for inflation*

Ownership – *51% owned by socially and economically disadvantaged individual*

Control – *Must be real and substantial*

Independence – *No external controls*

Presumptive Group Membership – *Bonafide Group Membership*

Social and Economic Disadvantage – *Non presumptive group members must establish disadvantage on an individual basis. Also a personal net worth (PNW) of less than \$750,000 is required for every potential DBE to qualify (This does not apply to FAA concessionaires)*

Site Visits – *Mandated by Statute, reciprocity*

Note: Eligibility criteria for concessionaires doing business at airports differ in size standards from DBEs engaged in highway, transit, or airport-related construction projects

References

49 CFR Parts 23 and 26

13 CFR Part 121

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)

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
CONSTRUCTION CONTRACTORS
BID OPPORTUNITY LIST

275-030-10
 EQUAL OPPORTUNITY OFFICE
 02/08

Please complete and mail or fax to:
 Equal Opportunity Office
 605 Suwannee St., MS 65
 Tallahassee, FL 32399-0450
 TELEPHONE: (850) 414-4747
 FAX: (850) 414-4879

This information may also be included in your bid or proposal package.

Prime Contractor/Consultant: _____

Address/Telephone Number: _____

Bid/Proposal Number: _____

Quote Submitted MM/YR: _____

49 CFR Part 26.11 requires the Florida Department of Transportation to develop and maintain a "bid opportunity list." The list is intended to be a listing of all firms that are participating, or attempting to participate, on DOT-assisted contracts. The list must include all firms that bid on prime contracts, or bid or quote subcontracts and materials supplies on DOT-assisted projects, including both DBEs and non-DBEs. For consulting companies this list must include all subconsultants contacting you and expressing an interest in teaming with you on a specific DOT assisted project. Prime contractors and consultants must provide information for Nos. 1, 2, 3 and 4 and should provide any information they have available on Numbers 5, 6, 7, and 8 for themselves, and their subcontractors and subconsultants.

1. Federal Tax ID Number: _____
 2. Firm Name: _____
 3. Phone: _____
 4. Address: _____

 5. Year Firm Established: _____

6. DBE
 Non-DBE
 7. Subcontractor
 Subconsultant

8. Annual Gross Receipts
 Less than \$1 million
 Between \$1 - \$5 million
 Between \$5 - \$10 million
 Between \$10 - \$15 million
 More than \$15 million

1. Federal Tax ID Number: _____
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 More than \$15 million

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
CONSTRUCTION CONTRACTORS
BID OPPORTUNITY LIST

- 1. Federal Tax ID Number: _____
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STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
**CONSTRUCTION CONTRACTORS
BID OPPORTUNITY LIST**

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