

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
BUSINESS DEVELOPMENT INITIATIVE
AFFIDAVIT & PROFILE

275-000-01
EQUAL OPPORTUNITY
OGC - 11/12
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FLORIDA DEPARTMENT OF TRANSPORTATION (FDOT)

Submit completed form to FDOT Contracts Office that is advertising the project for bid

Business Name _____

Business Address _____
(City) (State) (Zip)

Mailing Address _____
(City) (State) (Zip)

Telephone _____ **Fax** _____ **Other** _____

E-mail _____

Date Business Established _____

Federal Employer Identification Number _____

Legal Structure Corporation Limited Liability Company (LLC)
 Partnership Sole Proprietorship

List All Owners of the Business:

NAME	TITLE	PERCENT OWNED
		%
		%
		%
		%
		%
		%
		%

Majority Owner's Gender _____ **Majority Owner's Race** _____

Note: Providing this information will not affect the award of a contract. The information will be used for statistical purposes only.

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I, _____ am an owner or duly authorized representative of
_____ (Proposer/name of business), and I do hereby declare:

This business:

- a. Is a Disadvantaged Business Enterprise (DBE) under Florida's Unified Certification Program **or**
b. Meets the criteria of a small business as defined by the USDOT, (49 CFR Part 26.65 and 13 CFR Part 121)
- The criteria of a small business can be found at www.dot.state.fl.us/equalopportunityoffice/
 - Gross revenues, three year average (include affiliate businesses) \$ _____

The Proposer must include any records it asserts to be exempt from public disclosure under Chapter 119, Florida Statutes, in a separate bound document labeled "**Attachment to Contract No. _____ – Confidential Material**". The Proposer must identify the specific Statute that authorizes exemption from the Public Records Law. Any claim of confidentiality on materials the Proposer asserts to be exempt from public disclosure and placed elsewhere in the proposal will be considered waived by the Proposer upon submission, effective upon opening.

The undersigned hereby authorize(s) and request(s) any person, firm or corporation to furnish any pertinent information requested by the State of Florida Department of Transportation deemed necessary to verify the statements made in this affidavit or regarding the ability, standing and general reputation of the proposer. I declare, under penalty of perjury, that the information provided above and any supporting documents are true and accurate to the best of my knowledge.

Owner/Authorized Representative Signature

Date

Owner/Authorized Representative Printed Name & Title

Notary:

STATE OF _____

COUNTY OF _____

Before me, the above signed authority, personally appeared _____, who is personally known to me or has produced _____ (type of identification) identification and is duly sworn, deposes and says that he/she is authorized to represent _____ (business). Sworn and subscribed to before me this _____ day of _____, _____.

(Notary Signature)

My Commission Expires: