



pennsylvania

DEPARTMENT OF TRANSPORTATION

Small Business Enterprise (SBE) Certification Application **49 C.F.R. Part 26**

All firms wishing to be certified as a SBE must complete this application and submit it to the Pennsylvania Department of Transportation (PennDOT) for determination of their eligibility.

The application is subject to review and verification. Before a determination is made, additional information may be requested and/or an on-site review with the firm's principals may be conducted by PennDOT.

Completed applications are to be forwarded to:

Pennsylvania Department of Transportation
Bureau of Equal Opportunity
DBE / Title VI Division
P.O. Box 3251
Harrisburg, PA 17105-3251
(717) 787-5891 or (800) 468-4201

Please be advised that your firm may be required to complete a Business Partner Registration, Prequalification Application and/or Consultant Qualification Package in order to conduct business with the Department.

Should I apply?

- Is the owner a U.S. citizen or lawfully admitted permanent resident of the U.S.?
- Are your firm's average gross receipts over the previous three fiscal years less than \$23.98 million?
- 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 PennDOT's SBE Element.

If your firm is currently certified as a Disadvantaged Business Enterprise (DBE), you do not have to complete this application. All DBEs are automatically considered SBEs.

Certification is **free**. There is **no fee** for applying for certification as a SBE with PennDOT. However, if your firm's principal place of business is not located in Pennsylvania and you do not have an on-site report from your home state, you will be required to pay travel related expenses incurred by PennDOT to conduct an on-site evaluation consistent with the Commonwealth Travel Policy.

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.

GENERAL INFORMATION

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.
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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:	State:	Zip:
(9) Mailing address of firm <i>(if different)</i> :	City:	County:	State:	Zip:

B. Prior/Other Applications and Privileges

<p>Has your firm (under any name) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application, been denied certification, decertified, debarred, suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity?</p> <p><input type="checkbox"/> Yes, on ___/___/___ <input type="checkbox"/> No</p> <p>If Yes, identify State and name of state, local, or Federal agency and explain the nature of the action:</p>
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C. Business Profile

(1) Describe the primary activities of your firm including NAICS codes:	(2) Federal Tax ID <i>(if any)</i> :
(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) Type of firm <i>(check one)</i> : <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <i>(All Types)</i> <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Joint Venture	
(7) Has your firm ever existed under different ownership, a different type of ownership, or a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:	
(8) Number of employees: Full-time Part-time Total	

D. 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.			

E. 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.					
3.					
4.					
5.					

OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below:

Owner

(1) Name:	(2) Title:	(3) Home Phone #:												
(4) Home Address (<i>street and number</i>):		City:	State:	Zip:										
(5) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	(9) Initial investment to acquire ownership interest in firm: <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Type</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Dollar Value</u></th> </tr> </thead> <tbody> <tr> <td>Cash</td> <td>\$</td> </tr> <tr> <td>Real Estate</td> <td>\$</td> </tr> <tr> <td>Equipment</td> <td>\$</td> </tr> <tr> <td>Other</td> <td>\$</td> </tr> </tbody> </table>				<u>Type</u>	<u>Dollar Value</u>	Cash	\$	Real Estate	\$	Equipment	\$	Other	\$
<u>Type</u>					<u>Dollar Value</u>									
Cash					\$									
Real Estate	\$													
Equipment	\$													
Other	\$													
(6) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No														
(7) Number of years as owner:														
(8) Percentage owned:														
(10) Shares of Stock: <table style="width: 100%; margin-top: 5px;"> <thead> <tr> <th style="text-align: left;"><u>Number</u></th> <th style="text-align: left;"><u>Percentage</u></th> <th style="text-align: left;"><u>Class</u></th> <th style="text-align: left;"><u>Date acquired</u></th> <th style="text-align: left;"><u>Method Acquired</u></th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>					<u>Number</u>	<u>Percentage</u>	<u>Class</u>	<u>Date acquired</u>	<u>Method Acquired</u>					
<u>Number</u>	<u>Percentage</u>	<u>Class</u>	<u>Date acquired</u>	<u>Method Acquired</u>										
(11) 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: _____														
(12) 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: _____														

PERSONAL NET WORTH STATEMENT

AS OF _____

Complete one of these statements for each individual upon whose ownership and control the firm is relying on for SBE Certification.

Name	Business Phone
Residence Address	Residence Phone
City, State, Zip Code	
Business Name of Applicant	

ASSETS	(omit cents)	LIABILITIES	(omit cents)
Cash on hand & in banks	\$	Accounts payable	\$
Savings accounts	\$	Notes payable to banks & others (complete section 2)	\$
IRA or other retirement account	\$	Installment account (auto)	\$
Accounts & notes receivable	\$		
Life Insurance - Cash Surrender Value Only (complete section 8)	\$	Installment account (other)	\$
Stocks & Bonds (complete section 3)	\$	Loan on life insurance	\$
Real Estate (complete section 4)	\$	Mortgages on real estate (complete section 4)	\$
Automobile - present value	\$	Unpaid taxes (complete section 6)	\$
Other personal property (complete section 5)	\$	Other liabilities (complete section 7)	\$
Other assets (complete section 5)	\$		
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$

NET WORTH (total assets minus total liabilities) \$

Section 1 - Source of Income	Contingent Liabilities		
Salary	\$	As Endorser or Co-maker	\$
Net Investment Income	\$	Legal claims & judgments	\$
Real Estate Income	\$	Provision for Federal Income Tax	\$
Other income (describe below)*	\$	Other special debt	\$

Description of other income in section 1

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*Alimony or child support payments need not be disclosed in "Other income" unless it is desired to have such payments counted toward total income.

Section 2 - Notes payable to banks & others					
(Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)					
Name & Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc)	How secured or endorsed Type of collateral

Section 3 - Stocks & Bonds (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4 - Real Estate owned
(List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of property			
Address			
Date purchased			
Original cost			
Present market value			
Name & Address of Mortgage Holder			
Mortgage account number			
Mortgage balance			
Amount of payment per month/year			
Status of mortgage			

Section 5 - Other personal property and other assets
(Describe, and if any is pledged as security, state name & address of lien holder, amount of lien, terms of payment & if delinquent, describe delinquency.)

Section 6 - Unpaid taxes (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7 - Other liabilities (Describe in detail.)

Section 8 - Life insurance held (Give face amount & cash surrender value of policies - name of insurance company & beneficiaries.)

Signature _____

Date _____

CONTROL

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

	Name	Title	Date Appointed
(1) Officers of the Company	(a)		
	(b)		
	(c)		
	(d)		
	(e)		
	(f)		
	(g)		
	(h)		
	(i)		
	(j)		
(2) Board of Directors/ Members	(a)		
	(b)		
	(c)		
	(d)		
	(e)		
	(f)		
	(g)		
	(h)		
	(i)		
	(j)		

G. 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
(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.	

Do any of the persons listed in (F1) through (G10) above perform a management or supervisory function for any other business? Yes No

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

Do any of the persons listed in (F1) through (G10) 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: _____

H. 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)		

I. Does your firm rely on any other firm for management functions or employee payroll? Yes No

If Yes, explain:

J. 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 \$ _____

K. 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.					

L. 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.					

M. 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.			

N. 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.			

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

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

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its place(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 Pennsylvania Department of Transportation 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 my personal net worth does not exceed \$1.32 Million, and that I am economically disadvantaged because 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 which are not economically disadvantaged.

Executed on _____
(Date)

Signature _____
(SBE Applicant)

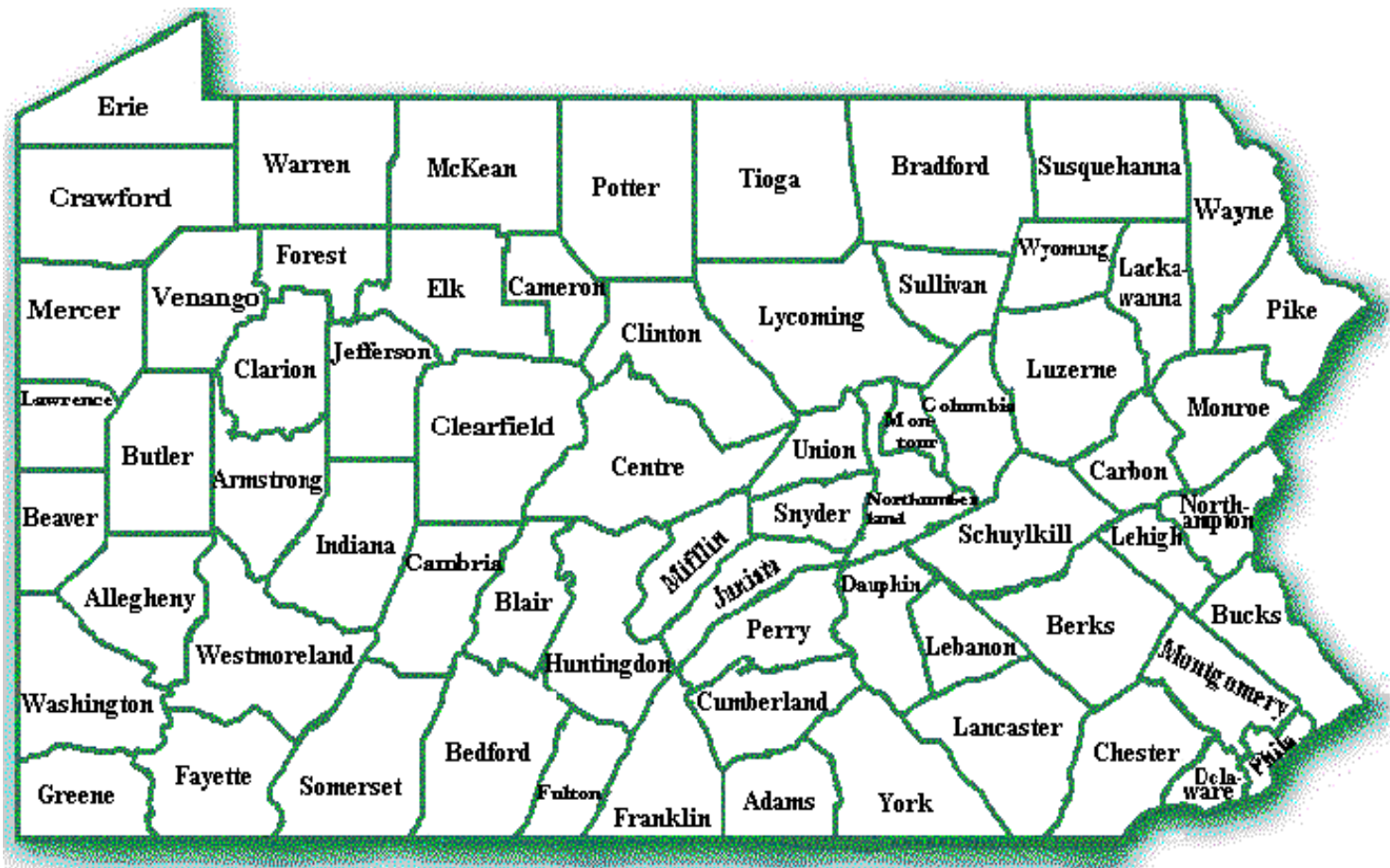
NOTARY CERTIFICATE

Desired Work Location

Please indicate the County(ies) to denote the geographical area of the Commonwealth where you would consider doing work.

- | | | | | | | |
|------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Adams | <input type="checkbox"/> Cambria | <input type="checkbox"/> Cumberland | <input type="checkbox"/> Huntingdon | <input type="checkbox"/> Lycoming | <input type="checkbox"/> Philadelphia | <input type="checkbox"/> Venango |
| <input type="checkbox"/> Allegheny | <input type="checkbox"/> Cameron | <input type="checkbox"/> Dauphin | <input type="checkbox"/> Indiana | <input type="checkbox"/> McKean | <input type="checkbox"/> Pike | <input type="checkbox"/> Warren |
| <input type="checkbox"/> Armstrong | <input type="checkbox"/> Carbon | <input type="checkbox"/> Delaware | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Mercer | <input type="checkbox"/> Potter | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Beaver | <input type="checkbox"/> Centre | <input type="checkbox"/> Elk | <input type="checkbox"/> Juniata | <input type="checkbox"/> Mifflin | <input type="checkbox"/> Schuylkill | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Bedford | <input type="checkbox"/> Chester | <input type="checkbox"/> Erie | <input type="checkbox"/> Lackawanna | <input type="checkbox"/> Monroe | <input type="checkbox"/> Snyder | <input type="checkbox"/> Westmoreland |
| <input type="checkbox"/> Berks | <input type="checkbox"/> Clarion | <input type="checkbox"/> Fayette | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Somerset | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Blair | <input type="checkbox"/> Clearfield | <input type="checkbox"/> Forest | <input type="checkbox"/> Lawrence | <input type="checkbox"/> Montour | <input type="checkbox"/> Sullivan | <input type="checkbox"/> York |
| <input type="checkbox"/> Bradford | <input type="checkbox"/> Clinton | <input type="checkbox"/> Franklin | <input type="checkbox"/> Lebanon | <input type="checkbox"/> Northampton | <input type="checkbox"/> Susquehanna | |
| <input type="checkbox"/> Bucks | <input type="checkbox"/> Columbia | <input type="checkbox"/> Fulton | <input type="checkbox"/> Lehigh | <input type="checkbox"/> Northumberland | <input type="checkbox"/> Tioga | |
| <input type="checkbox"/> Butler | <input type="checkbox"/> Crawford | <input type="checkbox"/> Greene | <input type="checkbox"/> Luzerne | <input type="checkbox"/> Perry | <input type="checkbox"/> Union | |

County Map of Pennsylvania



Certification Document Checklist

All Applicants

- Ownership section(s) equals 100%
- Personal Net Worth Statement for each owner claiming economic disadvantage – all applicable description sections completed, signed, dated
- Affidavit of Certification for each owner claiming economic disadvantage – signed and notarized
- Complete Federal Personal tax returns for the past three years for each owner claiming economic disadvantage
- 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
- Complete Federal Business tax returns for the past three years (*or life of firm, if less than three years*)
- Work experience resumes (include places of ownership/employment with corresponding dates), for all owners and officers of your firm
- Documented proof of contributions used to acquire/start business for each owner (*e.g., both sides of cancelled checks*)
- Your firm's signed loan agreements, security agreements, and bonding forms (**required if Section J &/or K was completed**)
- Descriptions and proof of ownership/signed lease agreements of all real estate used by your firm (including office/storage space and home offices, etc.)
- List of equipment leased and signed lease agreements (**required if Section H was completed**)
- List of construction equipment and/or vehicles owned by the business and titles/proof of ownership (**required if Section H was completed**)
- Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past two years (**required if Section L was completed**)
- All relevant licenses, license renewal forms, permits, and haul authority forms (**required if Section M was completed**)
- 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
- Certifications, denials, and/or decertifications, if applicable (**required if Section B was completed**)

Sole Proprietorship

- Registration of Fictitious Name (*signed/approved by the state official*)

LLC, Partnership or Joint Venture

- Official Certificate of Organization/Formation (*signed/approved by the state official*)
- Operating agreement and any amendments
- Membership Certificates (front and back)
- Original and any amended Partnership or Joint Venture Agreements

Corporation

- Official Articles of Incorporation (*signed/approved by the state official*)
- Corporate by-laws and any amendments
- Both sides of all corporate stock certificates
- Stock transfer ledger
- Shareholders' Agreement (**if applicable**)
- Minutes of all stockholders and board of directors meetings

Trucking 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

Supplier

- List of product lines carded
- List of distribution equipment owned and/or leased