



GREATER ORLANDO AVIATION AUTHORITY

LOCAL DEVELOPING BUSINESS PROGRAM (LDB)

AND

MINORITY WOMAN BUSINESS ENTERPRISE PROGRAM (MWBE)

CERTIFICATION APPLICATION

ROADMAP FOR APPLICANTS

1. Should I apply for LDB Certification?

- Is your firm located in Orange, Seminole, Lake, or Osceola County?
- Is the owner a U.S. citizen or lawfully admitted permanent resident of the U.S.?
- Is your firm organized as a for-profit business?
- Is the firm's owner's Personal Network under \$750,000?
- Does your firm meet one of the following revenue limitations?
 1. Construction contracting services and consulting services related to planning, design, and construction related improvements and architectural and engineering services - \$5M annual gross **revenues** averaged over the preceding three (3) years.
 2. Professional Services - \$2M annual gross **revenues** averaged over the last three (3) years.
 3. Procurement of goods and services not including professional services included in 1 and 2 above - \$2M annual gross **profit** averaged over the preceding three (3) years.

If you answered "Yes" to all of the questions above, you **may be** eligible to participate in GOAA's Local Developing Business Program.

2. Should I apply for MWBE Certification?

- Is your firm at least 51%-owned and controlled by a woman or minority? For the purposes of this certification Minorities include African Americans, Hispanic Americans, Asian Pacific Americans, and Native Americans.
- Is the owner a U.S. citizen or lawfully admitted permanent resident of the U.S.?
- 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 GOAA's Minority Women Business Enterprise program.

3. Return The Complete Application and All Required Documents To:

**Greater Orlando Aviation Authority
Small Business Development
Orlando International Airport
5850-B Cargo Road
Orlando, FL 32827-4399
407-825-7134
db@goaa.org**

Instructions for completing the Local Developing Business (LDB) and Minority Woman Business Enterprise (MWBE) Programs 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. Certifications Requested

Check the appropriate box indicating for which program your firm is seeking certification. Also, check the appropriate box indicating whether this is a new certification or renewal.

NOTE: If you are MWBE certified by the State of Florida's Office of Supplier Diversity, FMSDC, Orange County Government, and/or the City of Orlando do not complete this application unless you are seeking LDB certification. You only need to submit an MWBE Demographic Sheet and return it along with your current certification from one of the above agencies to be added to GOAA's MWBE Certification Directory.

B. Prior/Other Applications and Privileges

Indicate whether your firm or any of the persons listed has ever withdrawn an application for a LDB or MWBE 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.

B. Business Profile

- (1) 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) Check the appropriate box that indicates whether your firm is "for profit."
- (5) Check the appropriate box that describes the appropriate business category of your firm. If you checked "Other," explain in the space provided.
- (6) 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.
- (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.
- (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.
- (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 and total gross profits 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.
- (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 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. If you checked "Other," specify this owner's ethnic group/identity not 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.

B. Ownership Interest

- (1) Enter the date the owner acquired ownership interest in the 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.

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, site supervision, scheduling, project management, 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.



GREATER ORLANDO AVIATION AUTHORITY

LDB AND MWBE CERTIFICATION APPLICATION SUPPORTING DOCUMENTS CHECKLIST

In order to complete your application for LDB and/or MWBE certification, you must attach copies of all of the following documents as they apply to you and your firm. If this application is for re-certification by the Greater Orlando Aviation Authority as Local Developing Business (LDB) or Minority Woman Business Enterprise (MWBE) you ONLY need to provide the documentation indicated by an asterisk (*) and any documentation supporting changes in ownership, control or independence.

All Applicants

- Work experience resumes (that include places of ownership/employment with corresponding dates), for all owners and officers of your firm.
- * 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.
- Proof of capital contributed by each owner to substantiate ownership percentages (may include copies of canceled checks or other documents to substantiate stock purchase, various start-up costs, purchasing an existing business or equipment, etc.). *Expertise must be quantified, and have specific value to the business.*
- * **ALL** signed loan agreements, security agreements, and bonding forms.
- * Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past two years.
- * All relevant licenses, license renewal forms, permits, etc.
- * Bank authorization and signatory cards.
- * Schedule of salaries (or other compensation or remuneration) paid to all key employees, lead workers, officers, managers, owners, and/or directors of the firm.
- * As required in Section 4, block "I," copies of the two largest contracts executed during the past two years.

All Applicants With A Corporation or LLC

- Articles of Incorporation and amendments (*signed by state official*).
- Both sides of all corporate stock certificates and the firm's stock transfer ledger.
- Shareholder Agreements.
- *Minutes form all stockholder and Board of Directors meetings.
- Corporate By-Laws and amendments.

For Limited Liability Corporations,

- Certificate of Formation
- Operating Agreement together with Amendments.

All Applicants With A Partnership or Joint Venture

- Original and any amended Partnership or Joint Venture Agreements.
- * "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*).

Program Specific Requirements

MWBE Applicants

- * Two documents for each owner claiming disadvantaged status that support U.S. Citizenship or permanent resident alien status; ethnicity and sex (*if applying as a female owned business*). Acceptable documents include birth certificate, passport, resident alien card and Native American Tribal Documents (some cases may allow for the submission of voter registration card or drivers license).

LDB Applicants

- * Personal Net Worth Statement for all owners (Form included with this application. See Exhibit A)
- * Personal tax returns for the past three years for each owner.
- * Your firms tax returns, including all related schedules, for the past three years.

NOTE: Please return this checklist with your application and submit all the requested documentation. Your application cannot be processed without it. If an item does not apply to your firm, simply indicate that by entering N/A where appropriate. Also, please be advised that we reserve the right to request additional information not listed here when deemed necessary.

Name of Firm

Section 1: CERTIFICATION INFORMATION

A. Certification

Which certification are you seeking?	<input type="checkbox"/> LDB <input type="checkbox"/> MWBE <input type="checkbox"/> BOTH	Is your firm MWBE certified by another agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, stop here and read statement below.
Is this a new certification or renewal?	<input type="checkbox"/> New <input type="checkbox"/> Renewal	<p style="color: red;">Attention: If you are MWBE certified by the State of Florida’s Office of Supplier Diversity, FMSDC, Orange County Government, and/or the City of Orlando do not complete this application unless you are seeking LDB certification. You only need to submit an MWBE Demographic Sheet and return it along with your current certification from one of the above agencies to be added to GOAA’s MWBE Certification Directory.</p>

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?

Yes, on ___/___/___ 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:		
(8) Street address of firm (No P.O. Box):		City:	County/Parish:	State: Zip:
(9) Mailing address of firm (if different):		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) Is your firm a “for profit” organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Business Category (check one):		
<input type="checkbox"/> Started new business	<input type="checkbox"/> Concessions	<input type="checkbox"/> Construction <input type="checkbox"/> Professional Services
<input type="checkbox"/> Services	<input type="checkbox"/> Suppliers	<input type="checkbox"/> Other (explain) _____

(6) Method of acquisition (*check all that apply*):
 Started new business Bought existing business Inherited business Secured concession
 Merger or consolidation Other (*explain*) _____

(7) Type of firm (*check one*):
 Sole Proprietorship Limited Liability Partnership Corporation
 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 and gross profits of the firm for the last 3 years:

Year _____ Gross Receipts \$ _____ Gross Profits \$ _____

Year _____ Gross Receipts \$ _____ Gross Profits \$ _____

Year _____ Gross Receipts \$ _____ Gross Profits \$ _____

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.	_____	_____	_____

D. Immediate Family Member Businesses

Do any of your immediate family members own or manage another company? Yes No
 If Yes, list Profits 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 there are more than three owners, please copy and insert additional pages as necessary.

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>This information will only be considered when applying for MWBE certification. Please check all that apply</i>): <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other (<i>specify</i>) _____	
(7) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
(8) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		

B. Ownership Interest

(1) Date this owner acquired ownership interest ____/____/____	(2) Initial investment Type Dollar Value to acquire ownership Cash <input type="checkbox"/> \$ interest in firm: Real Estate <input type="checkbox"/> \$ Equipment <input type="checkbox"/> \$ Other <input type="checkbox"/> \$
(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(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: _____	

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>This information will only be considered when applying for MWBE certification. Please check all that apply</i>): <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Female <input type="checkbox"/> Other (<i>specify</i>) _____	
(7) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
(8) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		

B. Ownership Interest

(1) Date this owner acquired ownership interest ____/____/____	(2) Initial investment Type Dollar Value to acquire ownership Cash <input type="checkbox"/> \$ interest in firm: Real Estate <input type="checkbox"/> \$ Equipment <input type="checkbox"/> \$ Other <input type="checkbox"/> \$
(3) Percentage owned:	
(4) Familial relationship to other owners:	
(6) 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 (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Name of Business: _____ Function/Title: _____ Nature of Business Relationship: _____	

Owner 3

A. Background Information

(1) Name:	(2) Title:	(3) Home Phone #:
(4) Home Address (street and number):		City: State: Zip:
(5) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	(6) Ethnic group membership (<i>This information will only be considered when applying for MWBE certification. Please check all that apply</i>): <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Female <input type="checkbox"/> Other (specify) _____	
(7) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
(8) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		

B. Ownership Interest

(1) Date this owner acquired ownership interest ____/____/____	(2) Initial investment Type Dollar Value to acquire ownership Cash <input type="checkbox"/> \$ interest in firm: Real Estate <input type="checkbox"/> \$ Equipment <input type="checkbox"/> \$ Other <input type="checkbox"/> \$
(3) Percentage owned:	
(4) Familial relationship to other owners:	
(7) 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 (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Name of Business: _____ Function/Title: _____ Nature of Business Relationship: _____	

Section 4: CONTROL

A. Identify your firm's Officers & Board of Directors *(The ethnicity/gender information will only be considered for MWBE certification):*

	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):

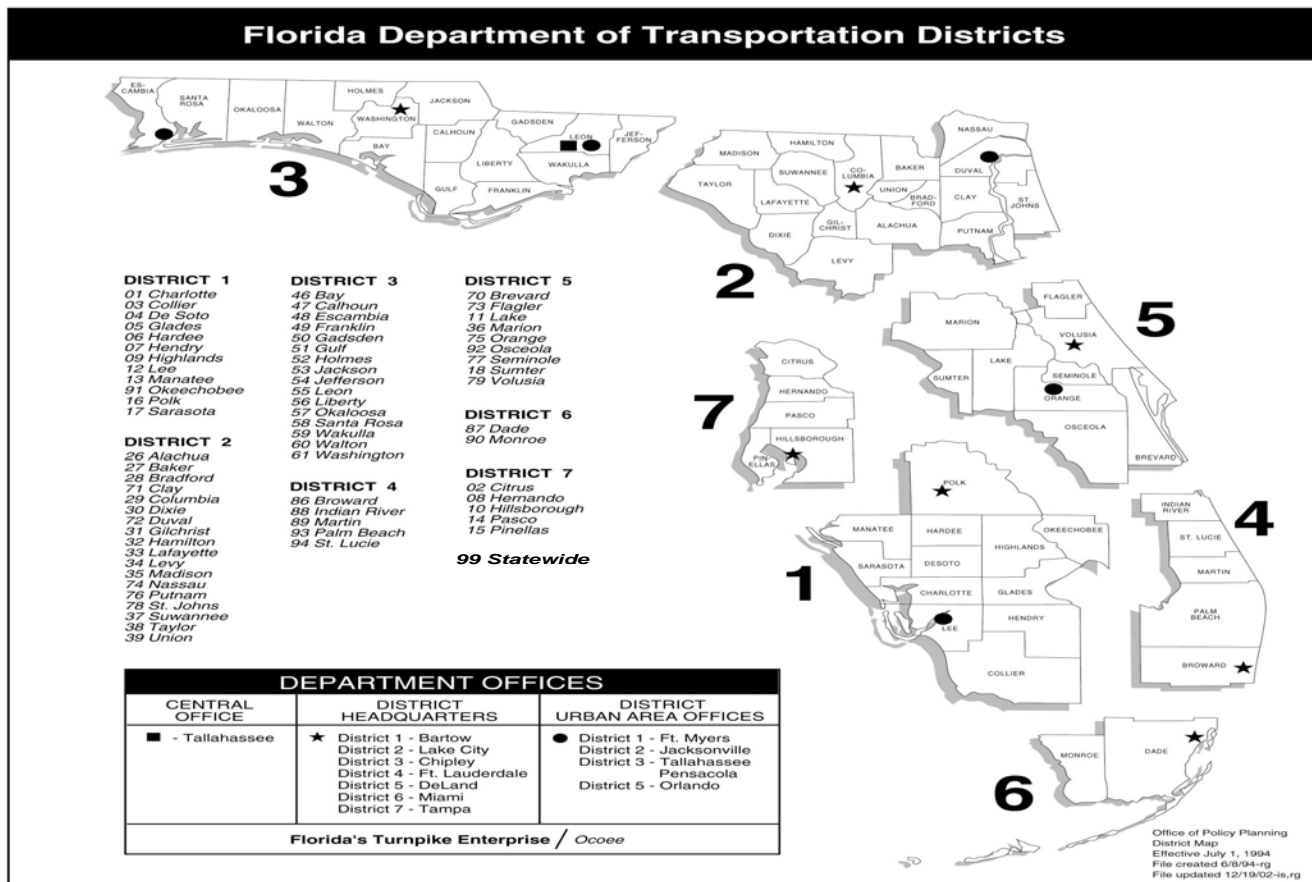
Name of License/Permit Holder	Type of License/Permit	Expiration Date	License Number and State
1.			
2.			
3.			

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.					



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

List County Number:

AFFIDAVIT OF CERTIFICATION

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

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

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

law that I am _____ (title) of _____ (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 Greater Orlando Aviation Authority 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 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.

NOTARY CERTIFICATE:

(Owner's Printed Name)

(Owner's Printed Signature)

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 _____ as identification.
(Type of Identification)

(Signature of Notary)

(Notary's Printed Name)

STATE OF _____

My Commission Expires: _____