

GREATER ORLANDO AVIATION AUTHORITY
DISADVANTAGED BUSINESS ENTERPRISE PROGRAM
49 CFR PART 26
UNIFORM 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 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 Documents Check List at the end of this form with your completed application.

3. 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)
- 49 CFR Part 26 (the rules and regulations governing the DBE program)

REVISION DATE: GOAA – 05/06/05

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 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 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. If this application is for re-certification by the Greater Orlando Aviation Authority as a Disadvantaged Business Enterprise (DBE) you ONLY need to provide the documentation indicated by an asterisk (*) and any documentation supporting changes in ownership, control or independence.

All 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).
- Work experience resumes (that include places of ownership/employment with corresponding dates), for all owners and officers of your firm.
- * Personal Net Worth Statement for all owners claiming disadvantaged status (form included with this application).
- * Personal tax returns for the past three years for each owner claiming disadvantaged status.
- * 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.
- * Your firms tax returns, including all related schedules, for the past three years.
- * Tax returns 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: (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.

- 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.*
- * Your firm's signed loan agreements, security agreements, and bonding forms.

- If another agency has conducted a site visit use the Greater Orlando Aviation Authority's On-Site Visit Report Release Authorization Form to provide a copy of your site visit as part of the certification process. (See Appendix A)**
- * Description of all real estate (office/storage space, etc.) owned or leased by your firm, together with proof of ownership or signed leases.
- * List of equipment leased, together with signed leasing agreements.
- * List of construction equipment and vehicles owned, together with titles or other proofs 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.
- * All relevant licenses, license renewal forms, permits, and haul authority forms.
- * DBE, SBA 8(a) or SDB certifications, denials and de-certifications, if applicable.
- 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.
- Trust agreements held by any owner claiming disadvantaged status, if any.
- * As required in Section 4, block "I," copies of the relevant pages from the two largest contracts executed during the past year, reflecting contract or project numbers, prices, scopes and signatures.
- Social security Number as it appears on Schedule C Tax Return for proprietorships and partnerships.

Note: Non-Florida firms must be DBE Certified by their home state Department of Transportation or UCP.

Partnership or Joint Venture

- 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*).
- Both sides of all corporate stock certificates and the firm's stock transfer ledger.
- Shareholder Agreements.
- Minutes from all stockholder and Board of Directors meetings.
- Corporate By-Laws and amendments.
- Corporate bank resolutions and bank signature cards.
- For Limited Liability Corporations, the Certificate of Formation and Operating Agreement together with Amendments.

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.

Regular Dealer

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

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

*Greater Orlando Aviation Authority
Small Business Development
Orlando International Airport
5850-B Cargo Road
Orlando, FL 32827-4399*

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

Is your firm currently certified for the following program? <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 If Yes, complete request for Site Visit Report Appendix A.

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):

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Corporation
<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture
<input type="checkbox"/> 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):*

[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"/> Female <input type="checkbox"/> Other (<i>specify</i>) _____	

B. Ownership Interest

(1) Number of years as owner:	(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: _____	

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? *(Use and attach the Personal Financial Statement form at the end of this application; attach additional sheets if more than one owner is applying)*

(2) Has any trust been created for the benefit of this disadvantaged owner(s)? Yes No
If Yes, explain *(attach additional sheets if needed)*:

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"/> Female <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"/>	\$
(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 (<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? (*Use and attach the Personal Financial Statement form at the end of this application; attach additional sheets if more than one owner is applying*)

(2) Has any trust been created for the benefit of this disadvantaged owner(s)? Yes No
 If Yes, explain (*attach additional sheets if needed*):

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"/> Female <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"/>	\$
(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 (<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? (*Use and attach the Personal Financial Statement form at the end of this application; attach additional sheets if more than one owner is applying*)

(2) Has any trust been created for the benefit of this disadvantaged owner(s)? Yes No
If Yes, explain (*attach additional sheets if needed*):

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"/> Female	
	<input type="checkbox"/> Other (<i>specify</i>) _____	

B. Ownership Interest

(1) Number of years as owner:	(2) Initial investment	Type	Dollar Value										
(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"/>	\$										
(8) Shares of Stock:													
<table border="1"> <thead> <tr> <th>Number</th> <th>Percentage</th> <th>Class</th> <th>Date acquired</th> <th>Method Acquired</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Number	Percentage	Class	Date acquired	Method Acquired					
Number	Percentage	Class	Date acquired	Method Acquired									
(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? (*Use and attach the Personal Financial Statement form at the end of this application; attach additional sheets if more than one owner is applying*)

(2) Has any trust been created for the benefit of this disadvantaged owner(s)? Yes No
 If Yes, explain (*attach additional sheets if needed*):

Section 3: OWNERSHIP

[Owner # 5]

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"/> Female	
	<input type="checkbox"/> Other (<i>specify</i>) _____	

B. Ownership Interest

(1) Number of years as owner:	(2) Initial investment	Type	Dollar Value
(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"/> \$
(9) 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? (*Use and attach the Personal Financial Statement form at the end of this application; attach additional sheets if more than one owner is applying*)

(2) Has any trust been created for the benefit of this disadvantaged owner(s)? Yes No

If Yes, explain (*attach additional sheets if needed*):

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 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 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 that 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 AN UP-TO-DATE PERSONAL NET WORTH STATEMENT (PNW)

(These Statements Are Not Subject To Public Disclosure)

All owners claiming disadvantaged status MUST submit an up-to-date Personal Net Worth Statement, and support it, by providing complete (all schedule) signed copies of their last three Federal Individual Income Tax Returns (1040) filed with the Internal Revenue Service.

A Current 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 page. If you require more space in any section, attach additional sheets, and reference the appropriate section number and heading.

OWNERS NAME _____

PERSONAL NET WORTH AS OF _____

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

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(es). 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.)

NOTE: The following pages contain a required addendum for DBE Certification

**--ADDENDUM--
CODE SHEET**

Circle no more than ten (10) SPECIALTY CODES.

	<u>FDOT 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	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.	339	238990
Asphalt Concrete Curb Construction of an asphaltic concrete curb on a previously laid pavement.	525	237310
II. BUILDINGS - CONSTRUCTION/MODIFICATION		
Toll & Service Plaza Facilities Construction or modification of administrative buildings and associated structures.	735	236220
Storage Facility, Building Addition Construction or modification of storage facilities, additions to buildings and associated structures.	750	236220
Office Building, Shop/Warehouse Construction or modification of office buildings, shops/warehouses, and associated structures.	770	236220
Plumbing Furnishing and installing plumbing in all types of buildings.	PLM	238220
Electrical Wiring Furnishing and installing electrical wiring in all types of buildings.	ELW	238210
Heating and Air Conditioning Furnishing and installing heating and air conditioning in all types of buildings.	HAC	238220
Installation of Tile Furnishing and installing tile in all types of buildings.	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.	520	237310
Concrete Barrier Wall Construction concrete barrier walls for highway construction.	521	237310
Concrete Sidewalk Construction of concrete sidewalk.	522	238990
Concrete Ditch & Slope Pavement. Construction of concrete pavement in drainage ditches and on roadway slopes.	524	237310
Pipe Handrail Furnishing, erecting, and painting pipe handrail.	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.	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.	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.	435	237310
Underdrains Construction of underdrains including excavating a trench, laying pipe, placing filter material and backfilling.	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	110	238910

all debris which is not required to be salvaged or not required to complete the construction.

	<u>FDOT SPECIALTY CODE</u>	<u>NAICS CODE</u>
Excavation & Grading (Includes 120 & 125) 238910		12X
Preparation of subgrades 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.		
VI. EROSION CONTROL		
Temporary Erosion Control	104	238990
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.		
Plastic Filter Blanket	514	238990
Installation of a plastic filter blander for permanent erosion control.		
Riprap	530	238990
Construction of riprap, composed of sand and cement, concrete block		
VII. FENCING Furnishing and erecting metal fence.	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.	53x	237310
IX. LANDSCAPING/GRASSING		
Muck Blanket & Topsoil	162	561730
Preparation of a layer of select material favorable to plant growth, over areas to be grassed, grassed and mulched, or sodde		
Grassing	570	561730
Establishing a stand of grass by seeding, fertilizing, and mulching as required, and maintaining the grassed area until the project is completed.		
Sodding	575	561730
Furnishing and placing of grass sod, and fertilizing, watering and maintaining the sodded areas to assure a health stand of grass.		
Landscaping	580	561730
Planting of trees and shrubs as specified.		
Irrigation Systems	590	561730
Furnishing and installing underground and/or above ground irrigation systems.		
X. PAINTING		
Shop, Field and Maintenance Painting of Structural Steel	560	238320
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.		
Bridge Painting (Includes 561, 562)	56X	238320
Preparing the surface and applying inorganic zinc paint coating materials; preparing the surface and applying zinc paint coating over welded areas of galvanized steel.		
XI. STEEL		
Reinforcing Steel	415	238120
Furnishing and placing reinforcing steel in concrete and masonry Structures		
Structural Steel	460	238120
Furnishing, preparing, fabricating, assembling, erecting, and painting structural steel, shear connectors, casting and forgings, plates and bolts, and certain special metals for structure.		
XII. TRAFFIC CONTROL		
Maintenance of Traffic	102	238990
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.		
Traffic Signals	60X	238210
Furnishing and installing all equipment and materials used in the construction of traffic signal installations.		
Highway Signing	700	237310
Furnishing and erecting aluminum or steel roadway signs, with supporting posts or columns.		
Highway Delineators	705	238990

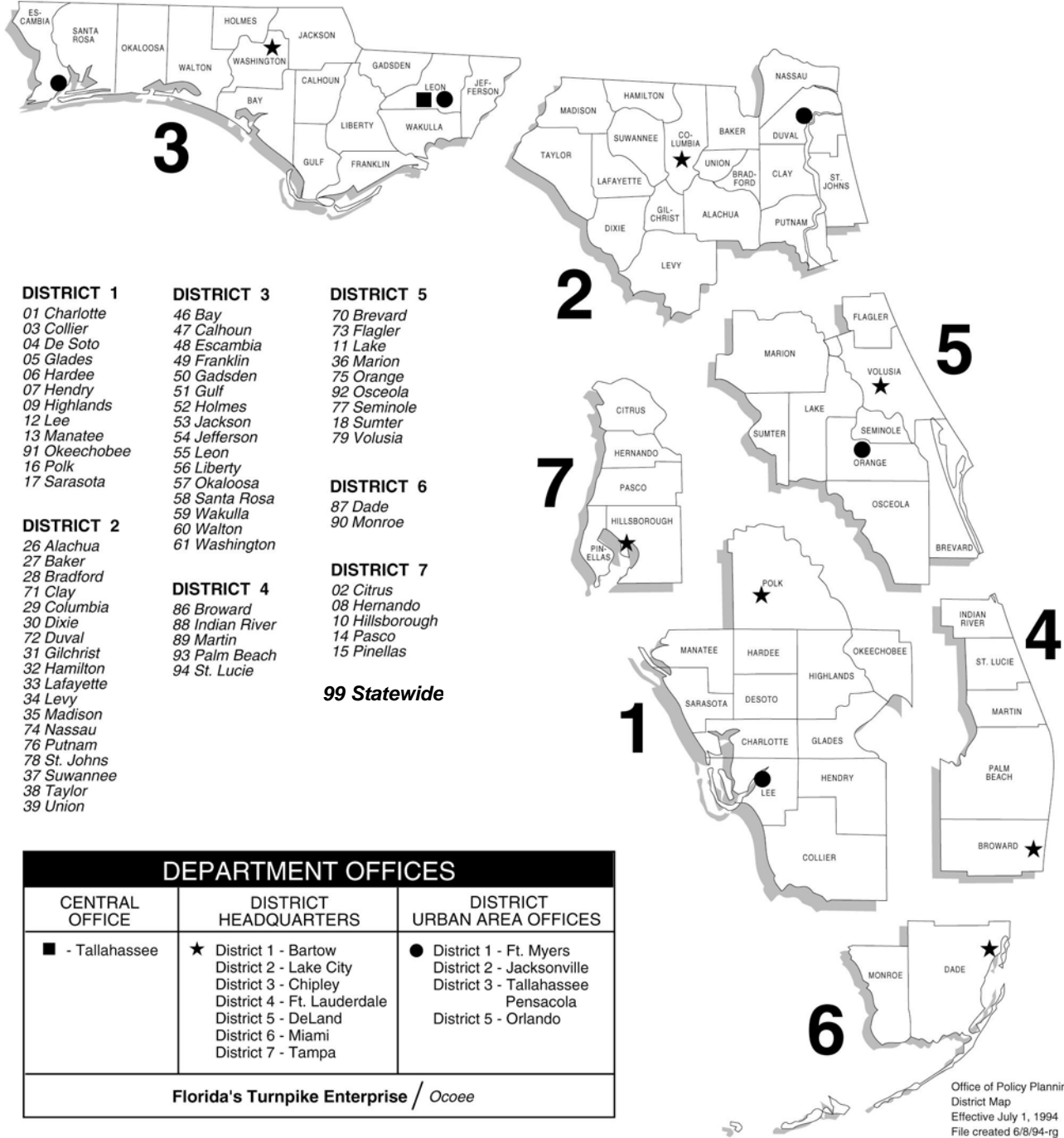
Furnishing and installing reflectorized delineators, with supporting posts.

	<u>FDOT SPECIALTY CODE</u>	<u>NAICS CODE</u>
Reflective Pavement Markers Furnishing and installing reflectorized pavement markers and removing pavement markers.	706	238990
Painting Traffic Stripes Painting reflectorized traffic stripes and markings (other than thermoplastic)	710	238990
Thermoplastic Traffic Stripes and Markings Placing thermoplastic traffic stripes and markings.	711	238990
Highway Lightning Systems 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.	715	238210
XIII. TRUCKING Hauling materials to or from construction site and heavy hauling.	TRK	484220
XIV MISCELLANEOUS		
Pile Driving Furnishing, driving, cutting-off and splicing of piling (wood, concrete, steel or composite concrete and steel).	455	237990
Timber Structures Furnishing and erecting timber into various structures.	470	237990
Navigation Lights Furnishing and installing a navigation light system, including wiring, conduit, transformers, enclosures, grounding systems, controls, protective devices, lights, etc.	510	238210
Underground Utility Work normally done by utility companies (i.e. installation, removal, relocation of water, electric, telephone, etc., utilities).	15X/16X	237110
Tree Trimming	MA1	561730
Mowing	MA2	561730
XV. MISCELLANEOUS CONSTRUCTION SERVICES (welding, machine shops, rentals, & NEC)	190	238990
XVI. MATERIALS SUPPLY Must meet definition of "Regular Dealer" as defined in Rule 14.78, Florida Administrative Code and 49 CFR Part 26.	220	Wholesale 423's Retail 44's, 45's.
<u>PROFESSIONAL SERVICES</u>		
XVII. CONSULTANTS (by type of service)	300	54's
XVIII. ARCHITECTURAL SERVICES	306	541310
LANDSCAPE ARCHITECTURAL SERVICES	311	541320
XIX. LAND SURVEYING AND MAPPING SERVICES	946	541370
XX. ENGINEERING AND SUPPORT SERVICES		
Civil Engineering Services	941	541330
Electrical Engineering Services	942	541330
Geotechnical Engineering Services	943	541330
Mechanical Engineering Services	945	541330
Laboratory Testing Services	944	541380
CADD Services	947	541340
Diving Services For Bridge Inspections	948	561990
Traffic Data Services	949	541690
XXI. ENVIRONMENTAL SERVICES		
Environmental Consulting Services	950	541620
Asbestos Surveys and Abatement Services	951	562910
Energy Consultant Services	952	541690
Hazardous Waste Services	953	562112
Mitigation Services	954	562910
XXII. MANAGEMENT AND FINANCIAL SERVICES		
Accounting and Auditing	961	541211
Data Processing Consultant	962	5415's
Economic Consultant Services	963	541690
Education Consultant	964	611710
Financial Services	965	541611
Legal Services	966	541110
Personnel Services	967	541612
Public Relations Services	968	541820
Employment Agencies	983	561310/20
Training Services	969	611430

	<u>FDOT SPECIALTY CODE</u>	<u>NAICS</u>
XXIII. RIGHT OF WAY SERVICES		
Abstract and Title Services	971	541191
Appraisal Services	972	531320
Acquisition Services	974	531210
Aerial Photography Service	975	541922
Relocation Related Services	976	531390
Property Management Services	977	531311/12
XXIV. MISCELLANEOUS BUSINESS SERVICES		
Travel Agencies	981	561510
Reprographics	982	561439
Security Guard Services	984	561612
Archeology Services	985	541960
Fiber Optics	986	235310
Lawn Care Services	987	561730
Janitorial Services/Commercial Cleaning	988	561720/790
Other Business Services(NEC)	980	541618
Concessions – Food & Beverage	980	722211
Concessions – Retail & News	980	453998
Concessions – Rental Car	980	532111

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



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

List County Number:



Greater Orlando Aviation Authority

Appendix A

DISADVANTAGED BUSINESS ENTERPRISE (DBE) CERTIFICATION ON-SITE VISIT REPORT RELEASE AUTHORIZATION FORM

(49 CFR Part 26 requires that a site visit be performed.)

DATE: _____

TO: Name of Certifying Agency: _____
Agency Contact Name and Title: _____
Phone Number: _____
Facsimile Number: _____
E-mail Address: _____

From: Name of Firm: _____
Contact Name and Title: _____
Phone Number: _____
Facsimile Number: _____
E-mail Address: _____

Special Request:

Please provide a copy of my On-Site Report that was prepared as a part of my certification review process to:

Greater Orlando Aviation Authority
Small Business Development
5850-B Cargo Road
(407) 825-3143 Phone
(407) 825-3004 Facsimile
E-mail: db@goaa.org

Please note that this application is on hold, pending receipt of a response.

Thank You