

**NEW JERSEY DEPARTMENT OF TRANSPORTATION  
EMERGING SMALL BUSINESS ENTERPRISE (ESBE)  
49 CFR Part 26.39**

*Roadmap for Applicants*

**1. Purpose of the ESBE Program**

The New Jersey Department of Transportation (NJDOT) has established an ESBE certification in order to meet the maximum feasible portion of its Disadvantaged Business Enterprise (DBE) goal through race-neutral means in accordance with regulations of the U.S. Department of Transportation (USDOT), 49 CFR Parts 26.51 and 26.39.

The ESBE policy applies only to NJDOT construction and consultant contracts funded in whole or in part with federal financial assistance. This policy is not applicable to the award of NJDOT contracts for the purchase of commodities or on any 100 percent state-funded contracts.

**2. Who should apply?**

You may be eligible to participate in the ESBE program if:

- The firm is a for-profit business that performs or seeks to perform transportation work for federally funded construction projects.
- The firm is a small business according to SBA size standards
- The firm is 51% owned, and controlled by one or more economically disadvantaged individuals whose net worth does not exceed \$1.32 million.
- The firm's disadvantaged owners are U.S. citizens or lawfully admitted permanent residents of the U.S.

**3. How do I apply?**

First time applicants for ESBE certification must complete and submit this certification application and related material to the certifying agency in your home state and participate in an on-site interview conducted by that agency. The attached document checklist can help you locate the items you need to submit to the agency with your completed application. If you fail to submit the required documents, your application may be delayed and/or denied. Firms already certified as an ESBE do not have to complete this form, but may be asked by the certifying agencies outside of your home state to provide a copy of your initial application form, supporting documents, and any other information you submitted to your home state to obtain certification or any other state related to your certification.

**4. Where can I send my application?**

New Jersey Department of Transportation, Division of Civil Rights and Affirmative Action, Disadvantaged and Small Business Program Unit, 1035 Parkway Avenue, PO Box 600, Trenton NJ 08625-0600

**5. Who will contact me about my application and what are the eligibility standards?**

You will be contacted by the New Jersey Department of Transportation, Division of Civil Rights and Affirmative Action, Disadvantaged and Small Business Unit. They can be reached by phone at 609-530-3882. Information on eligibility can be found on their website at <http://www.state.nj.us/transportation/business/civilrights/dbe.shtml>

**6. Where can I find more information?**

U.S. DOT – <https://www.civilrights.dot.gov/> (This site provides useful links to the rules and regulations governing the race-neutral (ESBE) program, questions and answers, and other pertinent information)

SBA – Small Business Size Standards matched to the North American Industry Classification System (NAICS):

<http://www.census.gov/eos/www/naics/> and <http://www.sba.gov/content/table-small-business-size-standards>.

In collecting the information requested by this form, the Department of Transportation (Department) complies with the provisions of the Federal Freedom of Information and Privacy Acts (5 U.S.C. 552 and 552a). The Privacy Act provides comprehensive protections for your personal information. This includes how information is collected, used, disclosed, stored and discarded. Your information will not be disclosed to third parties without your consent. The information collected will be used solely to determine your firm's eligibility to participate in the Department's Emerging Small Business Enterprise Program as defined in 49 CFR §26.39. You may review DOT's complete Privacy Act Statement in the Federal Register published on April 11, 2000 (65 FR 19477)

Under 49 CFR §26.107, dated February 2, 1999 and January 28, 2011, 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 2 CFR Parts 180 and 1200, Nonprocurement Suspension and Department, 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 USC 1001, which prohibits false statement in Federal program.

## INSTRUCTIONS FOR COMPLETING THE EMERGING SMALL BUSINESS ENTERPRISE (ESBE)

**NOTE:** All participating firms must be for-profit enterprises. If your firm is not for profit, then you do NOT qualify for the ESBE program and should not complete this application. If you require additional space for any questions in this application, please attach additional sheets or copies as needed, taking care to indicate on each attached sheet/copy the section of this application to which it refers.

### Section 1: CERTIFICATION INFORMATION

#### A. Basic Contact Information

- Enter the contact name and title of the person completing this application and the person who will serve as your firm's contact for this application.
- Enter the legal name of your firm, as indicated in your firm's Articles of Incorporation or charter.
- Enter the primary phone number of your firm.
- Enter the fax number of your firm.
- Enter the secondary phone number of your firm.
- Enter the contact person's email address.
- Enter the firm's website address, if any.
- Enter the street address of the firm where its offices are physically located (not a PO Box).
- Enter the mailing address of your firm, if it is different from your street address.

#### B. Prior/Other Certifications and Applications

- Check the appropriate response indicating whether your firm is currently certified in a race-neutral (ESBE) program, and provide the name of the certifying agency that certified your firm. List the date(s) of any site visits conducted by your home state and any other state(s) that you might be certified in as a race-neutral firm. Also provide the names of government agencies that conducted the review.
- Indicate whether your firm or any of the persons listed have been denied certification. Indicate if the firm has ever been decertified from any program. Indicate if the application was withdrawn or whether the firm was debarred, suspended, or otherwise had its bidding privileges denied or restricted by any state or local agency, or Federal entity. If your answer is yes, identify the name of the agency, and explain fully the nature of the action in the space provided. Indicate if you have ever appealed this decision and if so, attach a copy of the final decision(s).

### Section 2: GENERAL INFORMATION

#### A. Business profile:

- Give a concise description of the firm's primary activities, the product(s) or services the company provides, or type of construction. If your company offers more than one product/service, list primary product or service first (attach additional sheets if necessary). This description

may be used in our ESBE online directory if you are certified as an ESBE.

- If you know the appropriate NAICS Code for the line(s) of work you identified in your business profile, enter the codes in the space provided (NAICS codes can be found at <http://www.census.gov/eos/www/naics/>)
- State the date on which your firm was established as stated in your firm's Articles of Incorporation or charter.
- State the date each person became a firm owner.
- Check the appropriate manner in which you and each other owner acquired ownership of the firm. If you check "Other," explain in the space provided.
- Check the appropriate response if your company is a "for profit." **If you checked "No," then you do NOT qualify for the ESBE program** and should not complete this application. All participating firms must be for-profit enterprises. If the firm is a for profit enterprise, provide the Federal Tax ID number as stated on your firm's Federal tax return.
- Check the appropriate response that describes the type of legal business structure of your firm, as indicated in your firm's Articles of Incorporation or similar document. Identify all joint venture partners if applicable. If you check "Other," briefly explain in the space provided.
- Indicate in the spaces provided how many employees your firm has, specify the number of employees who work on a full-time, part-time, and seasonal basis. Attach a list of employees, their job titles, and dates of employment, to you application.
- Specify the firm's gross receipts for each of the past three years, as stated in your firm's filed Federal tax returns. You must submit complete copies of the firm's Federal tax returns for each year. If there are any affiliates or subsidiaries of the applicant firm or owners, you must provide these firms' gross receipts and submit complete copies of these firm(s) Federal tax returns. Affiliation is defined in 49 CFR §26.5 and 13 CFR Part 121.

#### B. Relationships and Dealing with Other Businesses

- Check the appropriate response 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, financing, or any office staff and/or employees with any other business, organization or entity of any kind. If you answered "Yes," then specify the name of the other firm(s) and fully explain the nature of your relationship with these other businesses by identifying the business or person with whom you have

any formal, information, written, or oral agreement. Provide an explanation of any items shared with other firms in the space provided.

- Check the appropriate response indicating whether any other firm currently has or had an ownership interest in your firm at present or at any time in the past. If you checked “Yes,” please explain.
- Check the appropriate box that indicates whether at present or at any time in the past your firm:
  - ever existed under different ownership, a different type of ownership, or a different name;
  - existed as a subsidiary of any other firm;
  - existed as a partnership in which one or more of the partners are/were other firms;
  - owned any percentage of any other firm and had any subsidiaries of its own;
  - served as a subcontractor with another firm constituting more than 25% of your firm’s receipts.If you answered “yes” to any of these questions, you may be asked to explain the arrangement in detail.

### Section 3: MAJORITY OWNER INFORMATION

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 owner):

#### A. Identify the majority owner of the firm holding 51% or more ownership interest

- Enter the full name of the owner.
- Enter his/her title or position within your firm.
- Give his/her home phone number
- Enter his/her home (street) address.
- Indicate this owner’s gender.
- Identify the owner’s ethnicity.
- Check the appropriate response to indicate whether this owner is a US citizen or a lawfully admitted permanent resident. If this owner is neither a US citizen nor a lawfully admitted permanent resident of the US then this owner is **NOT** eligible for certification as an ESBE.
- Enter the number of years during which this owner has been an owner of your firm.
- Indicate the percentage of the total ownership this person holds and the date acquired, including (if appropriate), the class of stock owned.
- 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.
- Describe how you acquired your business and attach documentation substantiating this investment.

#### B. Additional Owner Information

- Describe the familial relationship of this owner to each other owner of your firm and employees.

- Indicate 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 function/title held in that business.
- Check the appropriate response indicating 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, the nature of the business relationship and the owner’s function at the firm. If the owner works for any other firm, non-profit organization, or is engaged in any other activity more than 10 hours per week, please identify this activity.
- Provide the personal net worth of the owner applying for certification in the space provided. Complete and attach the accompanying “Personal Net Worth” Statement for ESBE Program Eligibility” with your application.
- Check the appropriate response to indicate whether any of your immediate family members, managers, or employees, own, manage, or are associate with another company. Immediate family member is defined in 49 CRF §26.5. If you answered “Yes,” provide the name of each person, your relationship to them, the name of the company, the type of business, and whether they own or manage the company.

### Section 4: CONTROL

#### A. Identify the firm’s Officers and Board of Directors

- In the space provided, state the name, title, date of appointment, ethnicity, and gender of each officer.
- 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.
- Check the appropriate response to indicate 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.
- Check the appropriate response that indicates where 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. (e.g., ownership interest, shared office space, financial investments, equipment leases, personnel sharing, etc.) If you answered “Yes,” identify the name of the firm, the individual’s name, and the nature of his/her business relationship with that other firm.

#### B. Duties of Owners, Officers, Directors, Managers and Key Personnel

- Specify the roles of the majority and minority owners, directors, officers and managers, and key personnel who control the functions listed for the business. Submit resumes for each owner and non-owner identified below. State the name of the individual, title, and

percentage of ownership if any. Check the frequency of each person's involvement as follows: "always, frequently, seldom, or never" in each area.

- Indicate whether any of the persons listed in this section perform a management or supervisory function for any other business. Identify the person, business, and their title/function.
- Identify if any of the persons listed above own or work for any other firm(s) that has a relationship with this firm (e.g. ownership interest, shared office space, financial investment, equipment, leases, personnel sharing, etc.) If you answered "Yes," describe the nature of his/her business relationship with that other firm.

**C. Inventory:** Indicate firm inventory in these categories:

- **Equipment and Vehicles** – State the make and model, and current dollar value of each piece of equipment and motor vehicle held and/or used by your firm. Indicate whether each piece is either owned or leased by your firm or owner, whether it is used as collateral, and where this item is stored.
- **Office Space** – State the street address of each office space held and/or used by your firm. Indicate whether your firm or owner owns or leases the office space and the current dollar value of that property or its lease.
- **Storage Space** – State the street address of each storage space held and/or used by your firm. Indicate whether your firm or owner owns or leases the storage space and the current dollar value of that property or its lease. Provide a signed lease agreement for each property.

**D. Does your firm rely on any other firm for management functions or employee payroll?**

- Check the appropriate response that indicates whether your firm relies on any other firm for management functions or for employee payroll. If you answered "Yes," you may be asked to explain the nature of that reliance and the extent to which the other firm carries out such functions.

**E. Financial/Banking Information**

- State the Name, City and State of your firm's bank. In the space provided, identify the persons able to sign checks on this account. Provide bank authorization and signature cards.
- State your firm's bonding limits (in dollars), specify both aggregate and project limits.

**F. Sources, amounts and purposes of money loaned to your firm, including the names of persons or firms guaranteeing the loan.**

- State the name and address of each source, the name of person securing the loan, original dollar amount and the current balance of each loan, and the purpose for which each loan was made to your firm. Provide copies of signed loan agreements and security agreements.

**G. Contributions or transfers of assets to/from your firm and to/from any of its owners or another individual 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. 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 issuing State of the license or permit. Attach copies of licenses, license renewal forms, permits, and haul authority forms.

**I. 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. 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**

The Affidavit of Certification must accompany your application for certification. Carefully read the attached affidavit in its entirety. Fill in the required information for each bank space, and sign and date the affidavit in the presence of a Notary Public, who must then notarize the form.

## Section 1: CERTIFICATION INFORMATION

### A. Basic Contact Information

Contact Person and Title \_\_\_\_\_  
Legal Name of Firm \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Alternate Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Firm website \_\_\_\_\_

Street address of firm (No PO Box)

Street City County State ZIP

Mailing address of firm (if different)

Street City County State ZIP

### B. Prior/Other Certification and Applications

Is your firm currently certified in a Race Neutral Program in another state?  Yes  No If Yes, State \_\_\_\_\_

List the dates of any site visits conducted by your home state and any other state(s) agencies that you are certified in as a race-neutral firm.

Date: \_\_\_\_\_ State/Agency: \_\_\_\_\_ Date: \_\_\_\_\_ State/Agency: \_\_\_\_\_

Indicate whether the firm or any persons listed in this application have ever been:

- a) Denied certification or decertified?  Yes  No  
b) Withdrawn an application for these programs, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity?  Yes  No

If yes, explain the nature of the action. (If you appealed the decision to DOT or another agency, attach a copy of the decision). \_\_\_\_\_

## Section 2: General Information

- A. **Business Profile:** Give a concise description of the firm's primary activities and the product(s) or service(s) it provides. If your company offers more than one product/service, list the primary product or service first. Please add additional pages if necessary. This description may be used in our online directory.

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Applicable NAICS Code(s) for this line of work include: \_\_\_\_\_

This firm was established on: \_\_\_/\_\_\_/\_\_\_ I/We have owned this firm since: \_\_\_/\_\_\_/\_\_\_

Method of acquisition (Check all that apply):

Started a new business  Bought existing business  Inherited business  
 Secured concession  Merger or consolidation  Other: \_\_\_\_\_

Is your firm "for profit"?  Yes  No Federal Tax ID # \_\_\_\_\_

⊗STOP! If your firm is NOT "for profit", then you do NOT qualify for this program and should not fill out this application

**Type of Legal Business Structure: (Check all that apply):**

- Sole Proprietorship                       Limited Liability Partnership  
 Partnership                                       Corporation  
 Limited Liability Company               Joint Venture (Identify all JV Partners) \_\_\_\_\_  
 Other, Describe \_\_\_\_\_

**Number of employees:** Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_ Total \_\_\_\_\_  
 (Provide a list of employees, their job titles, and date of employment to this application)

**Specify the firm's gross receipts for the last 3 years.** (submit complete copies of the firm's Federal tax returns for each year. If there are affiliates or subsidiaries of the applicant firm or owners, you must submit complete copies of these firms' Federal tax returns).

Year	Gross Receipts of Applicant Firm	\$	Gross Receipts of Affiliate Firm	\$
Year	Gross Receipts of Applicant Firm	\$	Gross Receipts of Affiliate Firm	\$
Year	Gross Receipts of Applicant Firm	\$	Gross Receipts of Affiliate Firm	\$

**B. Relationships and Dealings with Other Businesses**

Is your firm co-located at any of its business locations, or does it share a telephone number, PO box, office or storage space, yard, warehouse, facilities, equipment, inventory, financing, office staff, and/or employees with any other business, organization, or entity?  Yes  No

If yes, explain the nature of your relationship with these other businesses by identifying the business or person with whom you have any formal, information, written, or oral agreement. Also detail the items shared.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has any other firm had an ownership interest in your firm at present or at any time in the past?  Yes  No  
 If yes, explain \_\_\_\_\_

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

	Yes	No
Ever existed under different ownership, a different type of ownership, or a different name?		
Existed as a subsidiary of any other firm?		
Existed as a partnership in which one or more of the partners are/were other firms?		
Owned any percentage of any other firm?		
Had any subsidiaries?		
Served as a subcontractor with another firm constituting more than 25% of their firm's receipts?		

(If you answered "Yes" to any of the questions in 2B, you may be asked to provide further details and explain whether the arrangement continues).



**Section 3: OWNER INFORMATION, cont'd.**

C. Identify all individuals, firms, or holding companies that hold LESS THAN 51% ownership interest in the firm (Attach separate sheets for each additional owner).

<b>Full Name</b>	<b>Title</b>	<b>Home Phone</b>	
Home Address (Street and Number)	City	State	Zip

Gender:  Male  Female                      Ethnicity: \_\_\_\_\_

US Citizenship:  US Citizen     Lawfully Admitted Permanent Resident

Number of years as owner: \_\_\_\_\_                      Percentage owned: \_\_\_\_\_%  
 Class of stock owned: \_\_\_\_\_                      Date acquired: \_\_\_\_\_

<b>Initial investment to acquire ownership interest in firm</b> Attach documentation substantiating you investment	<b>Type</b>	<b>Dollar Value</b>
	Cash	\$ _____
	Real Estate	\$ _____
	Equipment	\$ _____
	Other	\$ _____

**Describe how you acquired your business:**  
 Started business myself                       It was a gift from: \_\_\_\_\_  
 I bought it from: \_\_\_\_\_                       I inherited it from: \_\_\_\_\_  
 Other: \_\_\_\_\_

**D. Additional Owner Information**

Describe familial relationship to other owners and employees: \_\_\_\_\_  
 \_\_\_\_\_

Does this owner perform a management or supervisory function for any other business:  Yes  No  
 If yes, identify: Name of Business \_\_\_\_\_ Function/Title \_\_\_\_\_

Does this owner own or work for any other firm(s) that has a relationship with the firm? (e.g., ownership interest, shared office space financial investments, equipment, leases, personnel sharing, etc.)  Yes  No  
 Identify the name of the business and the nature of the relationship, and the owner's function at the firm:  
 \_\_\_\_\_  
 \_\_\_\_\_

Does this owner work for any other firm, non-profit organization, or is engaged in any other activity more than 10 hours per week?  Yes  No  
 If yes, identify this activity: \_\_\_\_\_

What is the personal net worth of this owner applying for certification? \_\_\_\_\_

Do any of your immediate family members, managers, or employees own, manage, or are associated with another business? If yes, provide their name relationship, company, type of business, and indicate whether they own or manage the company: (attach addition sheets, if necessary)  Yes  No  
 \_\_\_\_\_  
 \_\_\_\_\_



## Section 4: CONTROL

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

	Name	Title	Date Appointed	Ethnicity	Gender
<b>Officers of the Company</b>					
<b>Board of Directors</b>					

**Do any of the persons listed above perform a management or supervisory function for any other business?** If yes, identify for each. \_\_\_ Yes \_\_\_ No

Person: \_\_\_\_\_ Title: \_\_\_\_\_

Business: \_\_\_\_\_ Function: \_\_\_\_\_

Person: \_\_\_\_\_ Title: \_\_\_\_\_

Business: \_\_\_\_\_ Function: \_\_\_\_\_

**Do any of the persons listed in the table 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.) If yes, identify for each: \_\_\_ Yes \_\_\_ No

Firm Name: \_\_\_\_\_ Person: \_\_\_\_\_

Nature of Business Relationship: \_\_\_\_\_

**B. Duties of Owners, Officers, Directors, Managers, and Key Personnel**

Identify your firm's management personnel who control your firm in the following areas. (Attach separate sheets as needed)

<b>A = Always</b> <b>F = Frequently</b>	<b>S = Seldom</b> <b>N = Never</b>	Majority Owner (51% or more)				Minority Owner (49% or less)			
		Name: _____				Name: _____			
		Title: _____				Title: _____			
		Percent Owned: _____				Percent Owned: _____			
		A	F	S	N	A	F	S	N
Sets policy for company direction/scope of operations									
Bidding and estimating									
Major purchasing decisions									
Marketing and sales									
Supervises field operations									
Attend bid opening and letting									
Perform office management (billing, accounts receivable/payable, etc.)									
Hires and fires management staff									
Hire and fire field staff or crew									
Designates profits spending or investment									
Obligates business by contract/credit									
Purchase equipment									
Signs business checks									

Complete for all Officers, Directors, Managers, and Key Personnel who control the following functions for the firm.  
(Attach separate sheets as needed).

A = Always F = Frequently	S = Seldom N = Never	Officer/Director/Manager/Key Personnel				Officer/Director/Manager/Key Personnel			
		A	F	S	N	A	F	S	N
		Name: _____ Title: _____ Percent Owned: _____				Name: _____ Title: _____ Percent Owned: _____			

Do any of the persons listed in the tables above perform a management or supervisory function for any other business?  
If yes identify the person, the business and their title/function \_\_\_ Yes \_\_\_ No

Do any of the persons listed in the tables above own or work for any firm(s) that has a relationship with the firm? (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.) If yes, describe the nature of the business relationship. \_\_\_ Yes \_\_\_ No

C. **Inventory:** Indicate your firm’s inventory in the following categories (Please attach additional sheets if needed):

**Equipment and Vehicles**

Make and Model	Current Value	Owned or Leased by Firm or Owner?	Used as collateral?	Where is item stored?

**Office Space**

Street Address	Owned or Leased by Firm or Owner?	Current Value of Property or Lease

**Storage Space** (Provide signed lease agreements for the properties listed)

Street Address	Owned or Leased by Firm or Owner?	Current Value of Property or Lease

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

E. **Financial/Banking Information** (Provide bank authorization and signature cards)

Name of bank \_\_\_\_\_ City and State: \_\_\_\_\_

The following individuals are able to sign checks on the account: \_\_\_\_\_

Name of bank \_\_\_\_\_ City and State: \_\_\_\_\_

The following individuals are able to sign checks on the account: \_\_\_\_\_

**Bonding Information:** If you have bonding capacity, identify the firm's bonding aggregate and project limits:

Aggregate limit: \$ \_\_\_\_\_ Project limit: \$ \_\_\_\_\_

F. **Identify all sources, amounts, and purposes of money loaned to your firm including from financial institutions. Identify whether you are the owner and any other person or firm loaned money to the applicant. Include the name of any persons or firms guaranteeing the loan, if other than the listed owner.** (Provide copies of signed loan agreements and security agreements).

Name of Source	Address of Source	Name of Person Guaranteeing the Loan	Original Amount	Current Balance	Purpose of Loan

G. **List all contributions or transfers of assets to/from your firm and to/from any of its owners or another individual over the past two years** (Attach additional sheets if needed).

Contribution/Asset	Dollar Value	From Whom Transferred	To Whom Transferred	Relationship	Date of Transfer

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	State

I. List the three largest contract 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

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

Name of Prime Contractor and Project Name	Location of Project	Type of Work	Project Start Date	Anticipated Completion Date	Dollar Value of Contract

## AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized for each owner.

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

<p>I _____ (full name printed), swear or affirm under penalty of law that I am _____ (title) of the applicant firm _____ 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 affiliation thereof.</p> <p>I recognize that the information submitted in the application is for the purpose of inducing certification approval by a government agency. I understand that the 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.</p> <p>I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, and the named firm and its affiliates, inspection of its place(s) of business and equipment, and to permit interview of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.</p> <p>If awarded a contract, 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.</p> <p>I agree to provide written notice to the recipient agency of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership changes, address/telephone number, personal net worth exceeding \$1.32 million, etc.)</p>	<p>I acknowledge and agree that any misrepresentation in the 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 or debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.</p> <p>I further certify that my personal net worth does not exceed \$1.32 million, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not economically disadvantaged.</p> <p>I declare under penalty of perjury that the information provided in the application and supporting documents is true and correct.</p> <p>Signature _____ ESBE Applicant</p> <p>Date _____</p> <p><b><u>NOTARY CERTIFICATE</u></b></p>
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## UNIFORM CERTIFICATION APPLICATION SUPPORTING DOCUMENTS CHECKLIST

In order to complete your application for ESBE certification, you must attach copies of all of the following REQUIRED documents. A failure to supply any information requested by the Certifying Agency may result in your firm denied ESBE certification.

<p><b><u>Required Documents for All Applicants</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Resumes (that include places of employment with corresponding dates), for all owners, officers, and key personnel of the applicant firm</li> <li><input type="checkbox"/> Personal Net Worth Statement for each economically disadvantaged owner comprising 51% or more of the ownership percentage of the applicant firm.</li> <li><input type="checkbox"/> Personal Federal tax returns for the past 3 years, if applicable, for each disadvantaged owner.</li> <li><input type="checkbox"/> Federal tax returns (and requests for extensions) filed by the firm and its affiliates with related schedules, for the past 3 years.</li> <li><input type="checkbox"/> Documented proof of contributions used to acquire ownership for each owner (e.g., both sides of cancelled checks).</li> <li><input type="checkbox"/> Signed loan and security agreements, and bonding forms.</li> <li><input type="checkbox"/> List of equipment and/or vehicles owned and leased including VIN numbers, copy of titles, proof of ownership, insurance cards for each vehicle.</li> <li><input type="checkbox"/> Title(s), registration certificate(s), and U.S. DOT numbers for each truck owned and operated by your firm.</li> <li><input type="checkbox"/> Licenses, license renewal forms, permits, and haul authority forms</li> <li><input type="checkbox"/> Descriptions of all real estate (including office/storage space, etc.) owned/leased by your firm and documented proof of ownership/signed leases.</li> <li><input type="checkbox"/> Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past 2 years.</li> <li><input type="checkbox"/> Federal program certifications, denials, and/or decertifications, if applicable; and any U.S. DOT appeal decisions on these actions.</li> <li><input type="checkbox"/> Bank authorization and signatory cards.</li> <li><input type="checkbox"/> Schedule of salaries (or other remuneration) paid to all officers, managers, owners, and/or directors of the firm.</li> <li><input type="checkbox"/> List of all employees, job titles, and dates of employment.</li> <li><input type="checkbox"/> Proof of warehouse/storage facility ownership or lease agreements.</li> </ul>	<p><b><u>Partnership or Joint Venture</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Original and any amended Partnership or Joint Venture Agreements.</li> </ul> <p><b><u>Corporation or LLC</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Official Articles of Incorporation (signed by the state official).</li> <li><input type="checkbox"/> Both sides of all corporate stock certificates and your firm's stock transfer ledger.</li> <li><input type="checkbox"/> Shareholders' Agreement(s).</li> <li><input type="checkbox"/> Minutes of all stockholders and board of directors meetings.</li> <li><input type="checkbox"/> Corporate by-laws and any amendments</li> <li><input type="checkbox"/> Corporate bank resolution and bank signature cards</li> <li><input type="checkbox"/> Official Certificate of Formation and Operating Agreement with amendments (for LLCs)</li> </ul> <p><b><u>Optional Documents of Be Provided on Request</u></b></p> <p><i>The Certifying Agency to which you are applying may require the submission of the following documents. If requested to provide these documents, you must supply them with your application or at the on-site visit.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of citizenship</li> <li><input type="checkbox"/> Insurance agreements for each truck owned or operated by your firm.</li> <li><input type="checkbox"/> Audited financial statements (if available)</li> <li><input type="checkbox"/> Personal Federal Tax returns for the past 3 years, if applicable, for other economically disadvantaged owners of the firm.</li> <li><input type="checkbox"/> Trust agreements held by any owner claiming economically disadvantaged status</li> <li><input type="checkbox"/> Year-end balance sheets and income statements for the past 3 years (or life of the firm, if less than three years)</li> </ul> <p><b><u>Suppliers</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> List of product lines carried and list of distribution equipment owned and/or leased.</li> </ul>
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