

**STATE OF ALABAMA  
UNIFORM CERTIFICATION PROGRAM  
(ALUCP)  
DISADVANTAGED BUSINESS ENTERPRISE (DBE)**

**Pursuant to 49 CFR Part 26  
And 49 CFR Part 23**

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## **ALABAMA UNIFIED CERTIFICATION PROGRAM AGREEMENT**

### **RECITALS**

WHEREAS, 49 Code of Federal Regulation (CFR) Part 23 Part 26 Subpart E-Certification Procedures Section 26.81, requires that all United States Department of Transportation (USDOT) Recipients, participate in statewide Unified Certification Disadvantaged Business Enterprise (DBE) Program (UCP); and

WHEREAS this agreement establishes the State of Alabama Unified Certification Program (*ALUCP*); and WHEREAS, the ALUCP will comply with all certification procedures and standards set forth in Subparts D and E of 49 CFR Part 23 and Part 26; and

WHEREAS the ALUCP will cooperate fully with oversight, review, and monitoring activities of USDOT and its operating administration; and

WHEREAS the ALUCP will implement USDOT directives and guidelines concerning certification matters in accordance with 49 CFR Part 23 and Part 26; and

WHEREAS the ALUCP will make uniform certification decisions for all Alabama USDOT financial assistance recipients who participate in the USDOT DBE Program; and

WHEREAS the ALUCP shall develop and maintain an electronic Directory of firms certified in Alabama that will be available to the public on the Internet and in print and continuously updated with additions, deletions, and other changes; and

WHEREAS, the ALUCP shall have sufficient resources and expertise to carry out the requirements of 49 CFR Part 23 and Part 26 Subpart E; and

WHEREAS, the ALUCP shall make all certification decisions on behalf of all DOT recipients in Alabama with respect to participation in the DOT DBE Program. The certification decisions made by the ALUCP certifications that have been made final before the due date for bids or offers on a contract on which a firm seeks to participate as a DBE, and

WHEREAS, the ALUCP will provide "one stop shopping" to applicants for DBE certification such that an applicant need apply only once for a DBE certification that will be honored by all ALUCP Members in Alabama; and

NOW, THEREFORE, in consideration of the promises and covenants herein contained ALUCP Members, agree to the following:

### **ARTICLE 1 — STATEMENT OF PURPOSE**

Alabama's USDOT Recipients share the common goal of creating a standard process which improves the administration of DBE Programs through the exchange of information and coordination of activities. By creating a level playing field DBE firms can compete fairly for USDOT assisted contract awards. In order to achieve this goal, the Recipients will establish a Unified Certification Program for the State of Alabama.

### **ARTICLE 2 — DEFINITIONS**

Terms and Definitions used by the ALUCP shall be those specifically defined in this agreement, and in 49 CFR Part 23 and Part 26, Paragraph 26.5, which is incorporated by reference herein:

#### **2.01 Responsible Certifying Member**

An Alabama Recipient as defined in 2.05 and ALUCP Member as defined in 2.10 and 3.01 who have a current DBE Program Plan approved by an appropriate

USDOT Operating Administration that includes provisions for DBE certification and revocation processes. Responsible Certifying Members within the ALUCP are the Huntsville-Madison County Airport Authority, Mobile Transit Authority (hereafter authorized to be referred to as The Wave Transit System), Alabama State Port Authority and the Birmingham Airport Authority. Additionally, the Birmingham Airport Authority, and Huntsville-Madison County Airport Authority, will have the sole responsibility for certifying applications for concessions requests. Birmingham Airport Authority and Huntsville-Madison County Airport Authority will ensure that the certification process as it relates to concessions are conducted according to the regulation 49 CFR Part 23, with some references to 49 CFR Part 26.

Whenever a Responsible Certifying Member receives an applicant request for DBE certification, they will notify all Responsible Certifying Members so that there will not be any duplication of service. All parties to the ALUCP will send in their DBE directories to ALDOT and all members will discuss their list, match firms, and compile one ALUCP DBE list for purpose of compiling a statewide comprehensive DBE Directory.

Responsible Certifying Members shall be responsible for certifying DBEs who apply to their agency. While the direct USDOT recipients will accept and process applications in their respective metropolitan areas, it may be burdensome for some recipients to be expected to travel into more rural sections of the state to conduct the required on-site visits. Therefore, Recipients may request assistance from ALDOT for some rural certifications, however, applicants in transit or

USDOT Operating Administration that includes provisions for DBE certification and revocation processes. Responsible Certifying Members within the ALUCP are the Huntsville-Madison County Airport Authority, Mobile Transit Authority (hereafter authorized to be referred to as The Wave Transit System), Alabama State Port Authority and the Birmingham Airport Authority. Additionally, the Birmingham Airport Authority, and Huntsville-Madison County Airport Authority, will have the sole responsibility for certifying applications for concessions requests. Birmingham Airport Authority and Huntsville-Madison County Airport Authority will ensure that the certification process as it relates to concessions are conducted according to the regulation 49 CFR Part 23, with some references to 49 CFR Part 26.

*insert 2.01 response* Whenever a Responsible Certifying Member receives an applicant request for DBE certification, they will notify all Responsible Certifying Members so that there will not be any duplication of service. All parties to the ALUCP will send in their DBE directories to ALDOT and all members will discuss their list, match firms, and compile one ALUCP DBE list for purpose of compiling a statewide comprehensive DBE Directory.

Responsible Certifying Members shall be responsible for certifying DBEs who apply to their agency. While the direct USDOT recipients will accept and process applications in their respective metropolitan areas, it may be burdensome for some recipients to be expected to travel into more rural sections of the state to conduct the required on-site visits. Therefore, Recipients may request assistance from ALDOT for some rural certifications, however, applicants in transit or

aviation/airport services may be better served by an entity more familiar with their particular work type. Non-Certifying Members shall likewise consider the location of the applicant or DBE firm and any on-going contract or business relationships with the firm when forwarding an application or a DBE file to a Responsible Certifying Member.

**2.02 Disadvantaged Business Enterprise (DBE)**

A DBE is an entity as defined in 49 CFR Part 23 and Part 26, Paragraph 26.5, a for-profit small business concern, that is at least 51% owned by one or more individuals who are both socially and economically disadvantaged, or in the case of a corporation, in which at least 51% of the stock is owned by one or more such individuals; and whose management and daily business operations of the entity are controlled by one or more of the socially and economically disadvantaged individuals who own it.

**2.03 Non-Certifying Member**

Alabama Recipient as defined in Sections 2.05 and 3.01 which states that a non-certifying member is an agency *that has* a current DBE Program Plan approved by an appropriate USDOT Operating Administration but that does not include provisions for DBE certification and revocation process. Non-Certifying Members who comprise the ALUCP are listed in Attachment H.

**2.04 Personal Net Worth**

The personal net worth standard as defined in 49 CFR Subtitle A, Part 26.5 refers to the net value of the assets of an individual remaining after total liabilities are deducted. The individual's ownership interest in an applicant or participating

DBE firm, or the individual's equity in his or her primary place of residence. An individual's personal net worth includes only his or her own share of assets held jointly or as community property with the individual's spouse. Personal net worth as also defined within 49 CFR Part 23, Paragraph 23.35 for concessionaires, the personal net worth standard used in determining eligibility for purpose of this part is \$1.32 million. Any individual who has a personal net worth exceeding this amount is not a socially and economically disadvantaged individual for purposes of this part even if the individual is a member of a group otherwise presumed to be disadvantaged (see Attachment "A", PNW calculation sheet for concessionaires).

**2.05 Recipient**

Any entity, public or private, to which USDOT financial assistance is extended, whether directly or through another recipient, through the programs of the Federal Aviation Administration (FAA), Federal Highway Administration (FHWA), or Federal Transit Administration (FTA), or who has applied for such assistance.

**2.06 Small Business Concern**

A Small Business Concern is as defined as with respect to firms seeking to participate as DBEs in DOT-assisted contracts, a small business concern as defined pursuant to section 3 of the Small Business Act and Small Business Administration regulations implementing it (13 CFR Part 131) that also does not exceed the cap on average annual gross receipts specified in § 26.65(b).

**2.07 Socially and Economically Disadvantaged Individuals, as defined in 49 CFR**

**Part 26, Paragraph 26.5**

Any individual who is a citizen (or lawfully admitted permanent resident) of the United States and who has been subjected to racial or ethnic prejudice or cultural bias within American society because of his or her identity as a member or groups without regard to his or her individual qualities. The social disadvantage must stem from circumstances beyond the individual's control.

- (1.) Any individual whom a recipient finds to be socially and economically disadvantaged on a case-by-case basis. An individual must demonstrate that he or she has held himself or herself out, as a member of a designated group if you require it.
- (2.) Any individual in the following groups, members of which are rebuttably presumed to be social and economically disadvantaged:
  - (i) "Black Americans," which includes persons having origins in any of the Black racial groups of Africa.
  - (ii) "Hispanic Americans," which includes persons of Mexican, Puerto Rican, Cuban, Dominican, Central or South American, and any other Spanish or Portuguese culture or origin, regardless of race;
  - (iii) "Native Americans," which includes persons who are enrolled members of a federally or State recognized Indian tribe, Alaska natives or Native Hawaiians;
  - (iv) "Asian-Pacific Americans" which includes persons whose origins are from Japan, China, Taiwan, Korea, Burma (Myanmar), Vietnam, Laos,

Cambodia (Kampuchea), Thailand, Malaysia, Indonesia, the Philippines, Brunei, Samoa, Guam, the U.S. Trust Territories of the Pacific Islands (Republic of Palau), Republic of the Northern Marianas Islands, Samoa, Macao, Fiji, Tonga, Kirbati, Tuvalu, Nauru, Federated States of Micronesia, or Hong Kong;

- (v) "Subcontinent Asian Americans" which includes persons whose origins are from India, Pakistan, Bangladesh, Bhutan, the Maldives Islands, Nepal, or Sri Lanka;
- (vi) Women;
- (vii) Any additional groups whose members are designated as socially and economically disadvantaged by the SBA at such time as the SBA designation becomes effective.

- (3.) Being born in a particular country does not, standing alone, mean that a person is necessarily a member of one of the groups listed in this definition.

#### **2.08 Executive Committee**

A standing committee comprised of one member from *ALDOT (DBE Liaison Officer or his/her designee)*, The Wave Transit, Birmingham Airport Authority, Huntsville-Madison County Airport Authority, and the Alabama State Port Authority. In the event there are two or more Recipients under one operating administration, the selected representative will serve a three (3) year term on a rotating basis. New Responsible Certifying Members are eligible to become part of the Executive Committee, and they will affirm their status by signing the appropriate Memorandum of Understanding (MOU) See *Attachment E*.

**2.09 Sub-Recipient**

Any entity, public or private, to which USDOT financial assistance is extended through another Recipient.

**2.10 ALUCP Members**

All Alabama Recipients participating in this agreement including both Certifying and Non-Certifying Members.

**ARTICLE 3-ORGANIZATION OF THE UCP**

**3.01 Members of the ALUCP (Recipients)**

Pursuant to 49 CFR Part 23 and Part 26, Paragraph 26.81(a), all USDOT recipients in this State shall participate in the ALUCP. All Alabama recipients, including airports and transit properties, that receive funds directly from FHWA, FAA or FTA must agree in writing to participate as members in the ALUCP.

Signatures to the ALUCP agreement of all USDOT recipients in this State shall be maintained on file in the ALDOT Construction Bureau DBE Section.

It is the intent of this Agreement that a Certifying Member will be responsible for certifying DBEs who perform work in their respective fields of expertise (highway and bridge, aviation, and transit). If a DBE firm performs work unique to aviation or transit, and there is no available FAA or FTA Certifying Member in the local area, the FAA or FTA Members will coordinate and agree on the designation of a Responsible Certifying Member. The FAA or FTA Member designated as the Responsible Certifying Member shall either be in the vicinity of the applicant or DBE firm or have an on-going contract or business relationship with the firm. Non-certifying Members shall likewise consider the location of the applicant or

DBE firm and any on-going contract or business relationships with the firm when forwarding an application or a DBE file to a Responsible Certifying Member. To this end Responsible Certifying Members shall be responsible for DBE Certifications as follows:

- a.) ALDOT shall be the Responsible Certifying Member for those firms primarily engaged in the delivery of highway, road and bridge related goods and services. These goods and services may include, but are not limited to, heavy highway construction contractors, road, and bridge contractors, specialty construction contractors, engineering consultants, specialty consultants, highway, road and bridge related material suppliers and fabricators and highway, road, and bridge related maintenance services.
- b.) FAA ALUCP Member shall be the Responsible Certifying Member for those firms that are primarily engaged in the delivery of aviation related goods and services, including concessionaries. These goods and services may include, but are not limited to, food service and other aviation specialty firms.
- c.) FTA ALUCP Member shall be the Responsible Certifying Member for those firms that are primarily engaged in the delivery of transit related goods and services. These goods and services may include, but are not limited to, transit services generally, transit maintenance services and transit related materials and supplies.

### **3.02 DBE Directory Management**

ALUCP Members hereby acknowledge that ALDOT is the major recipient of USDOT FHWA funds in the State of Alabama. ALDOT has the largest DBE certification program in the State, and maintains a Directory of certified DBEs that is available electronically and in printed form to Alabama Recipients, contractors, and other interested members of the general public.

A. ALDOT shall serve as Manager for the ALUCP's electronic DBE Directory, which shall include all DBE certifications made by Responsible Certifying Members.

B. ALDOT, as DBE Directory Manager, shall assume the following responsibilities with regard to the DBE Directory:

- (1) Keep and maintain the up-to-date electronic DBE Directory;
- (2) Ensure its availability to all ALUCP Members and other interested parties;
- (3) Make available printed copies of the Directory upon request; and
- (4) Provide Responsible Certifying Members with access to certification information in the DBE Directory through the Internet.

C. Responsible Certifying Members will, within three (3) business days of receipt of any new application for DBE certification, complete input to a Directory application screen, whenever a new application for DBE

certification is received, so that other Responsible Certifying Members will not process or otherwise duplicate work on any DBE application.

D. When a Responsible Certifying Member makes a DBE certification approval decision, information shall be submitted electronically by the Responsible Certifying Member directly to the DBE Directory within three (3) business days of said approval. Pursuant to 49 CFR Part 26, Paragraph 26.31, this information shall include:

- 1) Firm Name, Street Address, P.O. Box, Telephone and Facsimile Numbers, and E-mail Address;
- 2) Name of Majority Owner, Gender, and Minority Code
- 3) Type(s) of work performed by the DBE using North American Industry Classification System (NAICS) adopted by the SBA and other work specialty codes as needed;
- 4) Name of Responsible Certifying Member;
- 5) Beginning date of DBE Certification; and
- 6) Any other appropriate information as agreed upon by ALUCP Members.

E. Responsible Certifying Members shall also input, through the Internet, on the DBE Status Page, within three (3) business days of the action, information as required in paragraphs 3.03 (c) and (d) on firms denied DBE certification.

F. Firms denied DBE certifications by a Responsible Certifying Member are eligible to re-submit a DBE application after one (1) year from the date of denial.

### **3.03 Initial Consolidation**

The ALUCP shall institute a limited "grandfather clause" that may grant DBE certification to firms currently certified by agencies that administer programs under the USDOT and 49 CFR Part 23 and Part 26. Those agencies are Alabama Department of Transportation (ALDOT), Birmingham Airport Authority (BAA), Huntsville-Madison County Airport Authority (HAA), The Wave Transit, and The Alabama Port Authority. This does not include firms certified as a DBE, MBE, or WBE by any city, state, federal agency, or any other entity who does not comply with 49 CFR Part 26, as determined by the ALUCP.

This grandfather clause is a one time only occurrence and is subject to approval of the ALUCP. The Executive Committee will review all firms that any ALUCP partner makes a written request to determine eligibility under 49 CFR Part 26. The Executive Committee will review any investigative information, the certification file and any other documentation provided, as necessary. A determination will then be made as to whether or not the firm meets the eligibility requirements. If the Executive Committee determines the firm is ineligible to participate as a DBE, the firm will be advised of the intent to decertify. The firm may appeal this decision by submitting a written request within 30 days of the date of the notice of intent to decertify.

The appeals committee will not include the agency making the original certification determination. As provided in the DBE regulations, a firm may appeal directly to the USDOT; however, if they choose to appeal to the ALUCP, they must wait until a decision has been rendered from the ALUCP Appeals Committee before submitting their appeal to USDOT.

Firms applying for certification, after the effective date of this UCP agreement, must be certified based on guidelines prescribed in 49 CFR Part 26 and provisions under this agreement shall be recognized as certified by the ALUCP. Any ALUCP partner that has concerns regarding any "grandfathered" firm may file a Third-Party Complaint. That challenge will be treated in the manner set out in the section Third Party Complaints.

Pending the establishment of the ALUCP meeting the requirements of this section, Responsible Certifying Member's may enter into agreements with other USDOT recipients in Alabama to perform certification functions. Responsible Certifying Members may grant reciprocity to other USDOT recipient's certification decisions.

#### **3.04 Transition of Currently Certified DBEs**

Each ALUCP Member shall electronically submit its current certified DBE Directory to the DBE Directory Manager (ALDOT) for inclusion into the ALUCP's DBE Directory. Each ALUCP Member shall include complete information as required in 3.01(D), and a statement attesting to the fact that each DBE firm submitted has been certified under the provisions of 49 CFR Part 26.

- A. The Executive ALUCP Committee shall meet and review certified DBE firms submitted by Certifying ALUCP Members, and, if requested, determine the appropriate Responsible Certifying Member who will be responsible for future certification and re-certification of the DBE, based on location of the DBE business.
- B. Upon determination by the ALUCP Executive Committee of the appropriate Responsible Certifying Member, the Certifying ALUCP Member having possession of the DBE firm's certification file will be notified and shall immediately forward the DBE file to the Responsible Certifying Member, who shall assume custody and responsibility for the DBE file. Certifying ALUCP Member will be responsible for the maintenance of its respective DBE Directory.
- C. ALUCP will not process an application for certification from a firm having its principal place of business outside the state if the firm is not certified by the UCP in the state which it maintains its principal place of business. If requested, Alabama as the "home state" UCP shall share its information and documents concerning the firm with other UCPs that are considering the firm's application.

### **3.05 Executive Committee Duties**

Upon approval by the Secretary of the USDOT, the Executive Committee shall begin implementing the provisions of this agreement and the Implementation Plan, attached as Attachment C (State of Alabama Unified Certification Program,

Implementation Plan). See 49 CFR Part 23 and Part 26, Paragraph 26.81, Subpart A (2).

- A. The Executive Committee shall meet as necessary to provide oversight and ensure compliance with 49 CFR Part 23 and Part 26, Paragraph 26.81. The Executive Committee shall at all times seek the participation and may call a special meeting of all ALUCP Members to ensure compliance with said regulation.
- B. The Executive Committee may establish special committees, by majority vote, which may include, but are not limited to, airport concessions, ALUCP Member Dispute Resolution, ALUCP Process, Quality Assurance, Training, and Intake.
- C. The Executive Committee will ensure that the ALUCP has sufficient resources and expertise to carry out the requirements of 49 CFR Section 26.81.
- D. The Executive Committee will advise all ALUCP Members when it appears resources and expertise are not sufficient to carry out the requirements of 49 CFR Section 26.81.

## **ARTICLE 4 — RIGHTS AND RESPONSIBILITIES OF ALUCP MEMBERS**

### **4.01 Types of ALUCP Members**

Alabama recipients acknowledge that this agreement provides for two (2) classes of members, Responsible Certifying Members and Non-Certifying Members as defined in 2.01 and 2.03, and that each class shall have specific rights and responsibilities as set forth herein.

#### **4.02 Responsible Certifying Member Rights and Responsibilities**

Responsible Certifying Members can be added to the ALUCP, and they will affirm their status by signing the appropriate Memorandum Of Understanding (MOU) see *Attachment E*. Each Responsible Certifying Member shall (see Section 3.02 for list of Responsible Certifying Members) have the following rights and responsibilities, and agree to maintain the confidentiality of financial and other information contained within the DBE application;

- A. Comply with the terms and conditions of this agreement.
- B. Collect and evaluate information received regarding DBE certification applications, conduct site visits, participate in DBE Certification Meetings, and make certification decisions as to DBE status, in accordance with 49 CFR Part 23 and Part 26.
- C. Promptly provide current information to the DBE Directory as required by and in the manner prescribed in Section 3.03 above.
- D. Update the DBE Directory with all new and updated information (renewals, removals, change of address, etc.).
- E. Retain and maintain appropriate DBE certification files.
- F. Make file information available to other USDOT recipients and other states' UCPs in response to questions or complaints, upon written request.
- G. An ALUCP Member may conduct a site visit (see Attachment D: State of Alabama Unified Certification Program DBE On-Site Review) to a DBE applicant in its vicinity, if possible, based upon a request from an

C. Provide information on any certified DBE upon request by an ALUCP Member.

## **ARTICLE 5 — RIGHTS AND RESPONSIBILITIES OF THE ALUCP**

### **5.01 CERTIFICATION DECISIONS**

The Responsible Certifying Members shall maintain processes and programs that conform to the overall certification standards set out in 49 CFR Part 23 and Part 26. Certification decisions made by ALUCP Responsible Certifying Members shall be binding on all USDOT Recipients with respect to participation in the DBE Program. In the event of a conflict, the ALUCP, through the Executive Committee, shall make a final decision, subject the provision of 49 CFR Part 23 and Part 26. The Responsible Certifying Members shall perform the following duties:

- A. Require potential DBEs to complete and submit an appropriate application form (see Attachment A).
- B. ALUCP Responsible Certifying Members working together will ensure that only firms certified as a DBE under 49 CFR Part 23 and Part 26 participate as DBEs in the ALUCP.
- C. Responsible Certifying Members will perform an on-site visit (see Attachment D) to the offices of the firm and review their resumes and/or work histories. ALUCP Responsible Certifying Members will perform an on-site visit to job sites if such sites on which the firm is working at the time of the eligibility investigation are available in your jurisdiction or local area. ALUCP may rely upon the site visit report of

Responsible Certifying Member recipient with respect to a firm applying for certification.

- 1) If the firm is a corporation, analyze the ownership stock in the firm;
- 2) Analyze the bonding and financial capacity of the firm;
- 3) Determine the work history of the firm, including contracts it has received and work it has completed.
- 4) Obtain copies of the licenses the firm needs to perform a work activity, along with a list of key personnel.

D. When another Responsible Certifying Member, in connection with its consideration of the eligibility of a firm, makes a written request for certification information you have obtained about that firm, the ALUCP will promptly make the information available to the other Responsible Certifying Member.

E. Once ALUCP has certified a DBE, it shall remain certified for a period of at least five (5) years unless and until its certification has been removed through the procedures as outlined in 49 CFR Part 23 and Part 26, Paragraph 26.87.

F. A certified DBE shall inform the Responsible Certifying Member to which it seeks certification in writing of any change in circumstances affecting its ability to meet size, disadvantage status, ownership, or control requirements of this part or any material change in the information provided in its application form. The DBE has thirty (30)

days to submit the required documentation. Each Responsible Certifying Member should ensure that ALDOT has a current list of DBE firms which submitted their "No Change Affidavit" letters and corresponding documentation.

G. A certified DBE must provide to ALUCP, every year on the anniversary date of its certification, an affidavit sworn to by the firm's owners before a person who is authorized by state law to administer oaths, or an unsworn declaration executed under penalty of perjury of the laws of the United States. This affidavit must affirm that there has been no change in the firm's circumstances affecting its ability to meet size, disadvantage status, ownership, or control requirements of this part or any material changes in the application form. The affidavit shall specifically affirm that the DBE continues to meet Small Business Administration (SBA) business size criteria and the Department's statutory requirements overall gross receipts cap. If the DBE firm fails to provide this affidavit in a timely manner, it would be deemed as a failure to cooperate with established guidelines of the ALUCP.

H. The DBE is required to submit, along with the affidavit, a Personal Financial Statement, and appropriate copies of income tax returns to document the annual gross receipts requirement. DBE firm submission of tax returns will include corporate returns if the firm is a corporation or a Limited Liability Corporation, or the appropriate

schedules for a Subchapter S corporation, a partnership, or a sole proprietorship.

- I. If it is determined that there is reasonable cause to believe that the firm is ineligible, the firm will be processed through the procedures of 49 CFR Part 23 and Part 26, Paragraph 26.87

#### **5.02 Uniform Certification (Single Uniform Certification)**

The UCP shall provide “one-stop shopping” (Single Uniform Certification) to applicants for DBE certification in Alabama, so that an applicant may apply once for DBE certification in Alabama and if granted, to be accepted by all ALUCP Members.

#### **5.03 Processing Out-of-State Applications**

The ALUCP will not process a new application for DBE certification from an applicant having its principal place of business in another state unless the applicant has previously been certified in that state. When a Responsible Certifying Member processes an out-of-state application, a full certification application file with all supporting documentation will be created by the Responsible Certifying Member, including a copy of the Site Visit Report obtained from the applicant's home state or from the states UCP if it is in place, before the firm is included in the DBE Directory.

#### **5.04 ALUCP Information Program**

ALUCP Members and the Executive Committee will provide information on the ALUCP to the public and to DBE applicants, individuals and firms seeking DBE certification with ALUCP applications. Accept DBE applications from any

applicant firm and, *non-certifying member*, forward DBE applications to the appropriate Responsible Certifying Member for processing.

**5.05 Meetings for Continued ALUCP Monitoring**

The ALUCP, through its Executive Committee, shall hold a statewide membership meeting at least once a year or more often as needed for continued monitoring of the ALUCP, and on-going processes. The Executive Committee shall notify the ALUCP Members in writing of the date and location of the meeting at least thirty (30) days in advance of the meeting. A majority of those recipients shall constitute a quorum for conducting UCP business. When a quorum is established a majority vote of those members present shall be required to approve or disapprove.

**ARTICLE 6 — CERTIFICATION PROCEDURES**

**6.01 Certification Application**

ALUCP Members agree to use the USDOT Disadvantaged Business Enterprise Certification Application (attached as Attachment A) and the Affidavit for Continuing Eligibility (within Attachment B) which the DBE firm forwards to the Responsible Certifying Member that processed the firm's application. All DBEs must forward the Affidavit for Continuing Eligibility (Attachment B) to the applicable Responsible Certifying Member thirty (30) days prior to their recertification date.

**6.02 Certification Process**

The ALUCP and its members shall follow the DBE certification processes and adhere to standards set forth in 49 CFR Part 23 and Part 26, Subparts D and E,

Certification Procedures, as well as those guidelines set forth herein or otherwise attached hereto.

**6.03 Certification Site Visits**

Responsible Certifying Members shall conduct a site visit to the principal place of business of an applicant, present the request for approval or denial before the DBE Certification Committee prior to DBE certification and submission or direct input via the Internet to the DBE Directory.

- A. Responsible Certifying Members shall utilize the On-Site Review Checklist, which is included as Attachment D herein.
- B. Responsible Certifying Members may at their discretion conduct site visits for one another when requested in instances where the Responsible Certifying Member requested is geographically close to the DBE's location.
- C. Responsible Certifying Members shall be present for the monthly DBE Certification Meeting held the last Thursday of each month.

**ARTICLE 7 — COMPLAINTS, APPEALS AND DISPUTES**

**7.01 Appeals/Third Party Complaints**

Any person may file with the ALUCP, a written complaint alleging that a currently certified firm is ineligible. The complainant must state the specific reasons for ineligibility and submit documentation in support of the complaint. Written complaint (s) shall be mailed to the Responsible Certifying Members listed in

Attachment F. The firm being challenged will be notified in writing of the challenge, the basic grounds, and the regulations. Confidentiality of complainant's identity will be protected as cited in 49 CFR Part 23 and Part 26, Paragraph 109. However, general allegations or anonymous complaints will not be accepted. The Executive Committee will review all complaints and refer them to the Responsible Certifying Member that approved the DBE certification. The appropriate Responsible Certifying Member will review the records concerning the firm, any material provided by the firm and the complainant, and available information. The Responsible Certifying Member may request additional information from the other firm or conduct any other investigation that it deems necessary. If the Responsible Certifying Member determines, based on this review that there is reasonable cause to believe that the firm is ineligible, it will provide written notice to the firm that the Responsible Certifying Member proposes to find the firm ineligible, setting forth the reasons for the proposed determination. If the Responsible Certifying Member determines that such reasonable cause does not exist, it will notify the complainant and the firm in writing of this determination and the reasons for it. All statements of reasons for findings on the issue of reasonable cause must specifically reference the evidence in the record on which each reason is based. Certification appeals and third-party complaints shall be handled in accordance with 49 CFR Part 26, Sections 26.85, 26.87, and 26.89.

## **7.02 ALUCP - Initiated Proceedings**

If based on notification by the circumstance or other information that comes to

our attention, a Responsible Certifying Member within the ALUCP determines that there is reasonable cause to believe that a currently certified firm is ineligible. The Responsible Certifying Member will provide written notice to the firm that the ALUCP proposes to find the firm ineligible, setting forth the reasons for the proposed determination. The statement of reasons for the finding of reasonable cause will specifically reference the evidence in the record on which each reason is based.

**A. Right to a Hearing**

When a Responsible Certifying Member within the ALUCP notifies a firm that there is reasonable cause to remove its eligibility, as provided in paragraph (a) or (b) of this Section, the ALUCP will give the firm an opportunity to appear in person for an informal hearing. The firm may respond to the reasons for the proposed removal and provide information and arguments concerning why the firm should maintain its certification.

- 1) The ALUCP will maintain a complete record of the hearing, by any means acceptable under state law.
- 2) The firm may elect to present information and arguments in writing, without attending a hearing.

**B. Separation of Functions**

The ALUCP will ensure that a decision (proceeding to remove a firm's eligibility) is made by office and personnel (sub-committee) that did not take part in actions leading to the removal of the firm's eligibility.

1) ALUCP's method of implementing this requirement will be made part of its DBE Program.

**C. Selection**

The ALUCP Appeals Hearing Board shall consist of no more than seven (7) members, two members from ALDOT, two members from The Wave Transit System, two members from the Alabama State Port Authority, and one member from the Birmingham Airport Authority or the Huntsville-Madison County Airport Authority. All members shall be appointed by their respective agency head or his/her designee and shall serve for a period not to exceed three (3) years. Members to the Appeals Hearing Board shall not include any individuals that took part in actions resulting in the proposed removal of the DBE firm's eligibility that is subject of the appeal.

**D. Chairmanship**

The chairman of the ALUCP Hearing Board shall be appointed alphabetically by agency and shall serve a period not to exceed three (3) years. Subsequent chairmen shall be rotated every three (3) years based on the following order: ALDOT, Birmingham Airport Authority, The Wave Transit, Huntsville-Madison County Airport Authority, and The Alabama Port Authority.

**E. Voting**

A majority of the ALUCP Appeals Hearing Board members is needed for a quorum. Only the official designated representative, or an approved

alternative, from each certifying agency may vote. Each member entitled to vote shall be entitled to one vote upon each matter submitted before the hearing board. A majority vote on all matters submitted before the hearing board shall be the final decision of the board.

**F. Meetings**

The ALUCP Appeals Hearing Board shall hold a meeting each month. Frequency of the appeals hearing board meetings is subject to change upon action taken by the board. Notification of any such changes will be made in advance. Meetings will be scheduled in areas within the state of Alabama which are conducive to attendance by all Responsible Certifying Members elected to the appeals hearing board.

**G. Grounds for decision**

The Hearing Board will not base a decision to remove eligibility on a reinterpretation or changed opinion of information available to the ALUCP at the time of the firm's certification. Rather, such decisions will be based on one or more of the following:

- 1) Changes in the firm's circumstances since the certification of the firm by the ALUCP that rendered the firm unable to meet the eligibility standards of this part.
- 2) Information or evidence not available to the ALUCP at the time the firm was certified.
- 3) Information that was concealed or misrepresented by the firm in previous certification actions by the ALUCP.

- 4) A change in the ALUCP's certification or requirements since the firm was certified; or
- 5) A documented finding that information provided by a certified firm was factually erroneous.

It is recommended that a representative from the ALUCP certifying staff be in attendance at all hearings to present the ALUCP denial justification.

### **7.03 Notice of Decision**

Following the ALUCP decision, the ALUCP will provide the firm written notice of the decision and the reasons for it, including specific references to the evidence in the record that supports each reason for the decision. The notice must inform the firm of the consequences of the ALUCP and of the availability of an appeal to the United States Department of Transportation (USDOT). The ALUCP will send copies of the notice to the complainant in an ineligibility complaint.

#### **A. Status of Firm During Proceeding**

- 1) A firm remains an eligible DBE during the proceeding to remove its eligibility.
- 2) The firm does not become ineligible until the issuance of the notice provided for in paragraph (c) of this section.

#### **B. Availability of Appeal**

When the ALUCP makes an administratively final denial or removal of a firm's eligibility under this Section, the firm may appeal this removal to the USDOT.

**C. Process for Certification Appeals to the Hearing Board and USDOT**

The ALUCP Appeals Hearing Board will only hear cases in which eligibility has been removed. The firm could appeal to the ALUCP Appeals Hearing Board and then appeal to the USDOT or could appeal directly to the USDOT. The ALUCP Hearing Board will be in compliance with federal regulations. The appeals hearing board will give the firm the opportunity for administrative reconsideration of eligibility determination. However, if the firm chooses to appeal to the hearing board, they do not forfeit their right to appeal to the USDOT, within the time frame provided in 49 CFR Part 23, and Part 26. All appeals to the hearing board shall be submitted in written form. If the firm requests the opportunity to appear before the ALUCP Appeals Hearing Board, the request must state whether the firm is to be represented by counsel. If a firm is denied certification or whose eligibility is removed by the ALUCP process, the firm may make an administrative appeal to the USDOT.

**Process to appeal to USDOT**

If a firm is denied certification or whose eligibility is removed by a recipient, including SBA-certified firms, the firm may make an administrative appeal to the USDOT within ninety (90) days of the date of the decision.

If appealing directly to USDOT, send appeals to the following address:

**United States Department of Transportation  
Departmental Office of Civil Rights  
Disadvantaged Business Enterprise Division (S-33)  
1200 New Jersey Ave. S.E.  
Washington, DC 20590-0001**

## **7.04 Administrative Removal of Eligibility**

In circumstances where a certified firm, or new applicant has failed to submit required documentation or exceeded Personal Net Worth thresholds, there will be no administrative reconsideration. Those circumstances include:

- A. Any certified firm that does not submit the annual affidavit update required in accordance with 49 CFR Part 23 and Part 26, Paragraph 26.83 (j) sworn by the owner's that there has been no change in the firm's circumstances affecting its ability to meet size, disadvantaged status, ownership, or control requirements or any material changes in its application form, except for changes which you have been notified for in writing, will have their certification proposed for decertification for failure to cooperate under 49 CFR, Part 26, Paragraph 26.109(c) thirty (30) days from the due date.
- B. If the Statement of Personal Net Worth that an individual submits shows that the individual's personal net worth exceeds \$1.32 million, the individual's presumption of economic disadvantage is rebutted. You are not required to have a proceeding in order to rebut the presumption of economic disadvantage in this case.
- C. A firm is not eligible in any federal fiscal year if the firm exceeds the previous three (3) years average gross receipts in accordance with 26.65(b).
- D. Regardless of race, gender, or size of the business, any individual whose personal net worth exceeds \$1.32 million is not considered economically disadvantaged and is not eligible for the DBE Program. There may be

exceptions under 49 CFR, Part 23.

#### **7.05 Notice Requirements**

Following ALUCP decisions, an action by a Responsible Certifying Member (certification denial, de-certification, etc.) shall be in writing, and shall:

- (a.) Be delivered via Certified U.S. Mail, Return Receipt Requested.
- (b.) Be specific as to the action being taken.
- (c.) Be specific as to the basis of the action.
- (d.) Be specific as to the facts relied upon.
- (e.) Advise the party of the rights to appeal.
- (f.) Provide detailed information on the appropriate appeal process.

#### **7.06 Member Disputes**

ALUCP Members shall make every effort to resolve disputes that may arise between them.

#### **7.07 Unresolved Member Disputes**

When ALUCP Members are unable to resolve an internal dispute, the matter will be submitted to the Executive Committee for resolution. The decision of the Executive Committee shall be final and binding without rights to further administration or judicial review on all those ALUCP Members subject to the provisions of 49 CFR Part 23, and Part 26.

### **ARTICLE 8 — TRAINING**

#### **8.01 Executive Oversight Committee**

The Executive Committee shall retain DBE certification oversight of the ALUCP Members. ALDOT will be responsible for DBE certification training of ALUCP

Members. Upon approval of the Executive Committee, ALDOT may provide, or otherwise arrange for, DBE certification training for any Responsible Certifying Member upon request or it may require a Responsible Certifying Member to attend DBE certification training to ensure compliance with the provisions of this agreement and 49 CFR Part 23 and Part 26.

**8.02 Training Costs**

A Responsible Certifying Member requesting DBE certification training through ALDOT, or who has been required to obtain such training shall bear the costs and expense for the said training.

**8.03 Supportive Services**

The ALUCP recognizes the need for improved technical, business opportunities and supportive services. All agencies which participate in the ALUCP should combine their efforts to provide each Responsible Certifying Member information on upcoming activities which may offer additional and meaningful training to all DBE firms within the ALUCP.

**ARTICLE 9 — DBE DIRECTORY**

**9.01 Organization of DBE Directory**

The DBE Directory shall be organized and maintained by ALDOT. All ALUCP Members agree to maintain compatible software and systems to utilize the electronic DBE Directory efficiently and effectively, and to timely provide DBE certification information and updates for the DBE Directory.

## **9.02 Availability**

The DBE Directory shall be available electronically (and in printed form when requested) to ALUCP Members, contractors, and other interested parties.

## **ARTICLE 10 — FEES/COSTS**

### **10.01 Fees**

The ALUCP does not consider assessing a fee at this time but reserves the right to do so at a later date. Any fees considered must be justified and agreed to by all of the ALUCP members required to pay.

## **ARTICLE 11 — GENERAL PROVISION**

### **11.01 Attachments**

All attachments to this agreement are incorporated herein by reference and made a part hereof.

### **11.02 Interpretation**

Article and section headings and Table of Contents are for convenience only and shall not affect construction of this agreement. The agreement shall be governed by the laws of the State of Alabama and in compliance with 49 CFR Part 23 and Part 26.

### **11.03 Amendments**

This agreement may not be amended, modified, or supplemented except by an instrument in writing agreed upon by the majority of the ALUCP Members. Notwithstanding the foregoing, should any provisions of 49 CFR Part 23 and Part 26 be changed or modified, corresponding provisions of this agreement shall be modified accordingly.

#### **11.04 Compliance with Law**

ALUCP Members agree that the operation of this agreement and performance of all obligations hereunder shall comply with 49 CFR Part 23 and Part 26 and with applicable federal and state laws.

#### **11.05 Signed Agreement**

This agreement will become effective upon approval by the Secretary of USDOT. By executing the Signature and Declaration of Status Page of this agreement, recipients agree to become members of the ALUCP, and agree to accept the terms and conditions of this agreement. Following USDOT approval, a recipient may become a member by submitting a fully executed Signature and Declaration of Status page from this agreement to the Executive Committee, which shall be delivered to ALDOT Construction Bureau DBE Section where it shall remain on file. In order to be a member, a recipient must be receiving at least two hundred fifty thousand dollars (\$250,000.00) in federal funds.

#### **11.06 Severability**

Should any part, term, portion, or provision of this Agreement be in conflict with any law of the United States or of the State of Alabama, or otherwise be unenforceable or ineffectual, the remaining provisions shall be deemed valid and severable, and not affected thereby.

#### **11.07 Successors**

This agreement shall be binding upon and inure the benefit of any successors or assigns of the ALUCP Members.

#### **11.08 Execution**

Execution of this agreement by ALUCP Members, shall comply with appropriate procedures, resolutions, authorized signatures, and required filings pursuant to the law governing each ALUCP Member. The State of Alabama ALUCP will be fully operational no later than eighteen (18) months following the approval by the secretary.

#### **11.09 Termination**

Once this agreement is signed by all participating members, the terms of the agreement will be good for five (5) years. This agreement may be amended to remain in compliance with USDOT and/or to clarify and address issues that may have been inadvertently omitted. This agreement may be terminated by any party upon providing thirty (30) days written notice of its intent to terminate the agreement. This agreement can be renewed for another five (5) years.

**ATTACHMENT A**  
**STATE OF ALABAMA**  
**UNIFIED CERTIFICATION PROGRAM**  
**DISADVANTAGED BUSINESS ENTERPRISE**

**CERTIFICATION APPLICATION**  
**PERSONAL FINANCIAL STATEMENT**  
**AFFIDAVIT OF CERTIFICATION**

## DBE Application Cover Sheet

Thank you for your interest in becoming a Disadvantaged Business Enterprise with the Alabama Department of Transportation. Should you have any questions regarding this application, feel free to call at any time.

Alabama Department of Transportation  
Construction Bureau  
Disadvantaged Business Enterprise (DBE) Section  
Ms. Walter Carr, DBE Liaison Officer  
1409 Coliseum Blvd (G-101)  
Montgomery, Alabama 36110  
1-888-297-5305 or (334)242-6238  
Fax (334)242-6256

In this packet you will find the following items:

1. Checklist of supporting documentation to be submitted
2. Application Instructions
3. Uniform Certification Application
4. Personal Financial Statement Instructions
5. Personal Financial Statement
6. Affidavit of Certification (require notarization)

Please complete the application and other support documents in their entirety and mail to the above address.



OMB APPROVAL NO:  
2105-0510  
Expiration Date: 10/31/2021

Appendix F

**UNIFORM CERTIFICATION APPLICATION**  
**DISADVANTAGED BUSINESS ENTERPRISE (DBE) /**  
**AIRPORT CONCESSION DISADVANTAGED BUSINESS ENTERPRISE (ACDBE)**  
**49 C.F.R. Parts 23 and 26**

*Roadmap for Applicants*

**1. Should I apply?**

You may be eligible to participate in the DBE/ACDBE program if:

- The firm is a for-profit business that performs or seeks to perform transportation related work (or a concession activity) for a recipient of Federal Transit Administration, Federal Highway Administration, or Federal Aviation Administration funds.
- The firm is at least 51% owned by a socially and economically disadvantaged individual(s) who also controls it.
- The firm's disadvantaged owners are U.S. citizens or lawfully admitted permanent residents of the U.S.
- The firm meets the Small Business Administration's size standard and DBE/ACDBE size standards—  
<https://www.transportation.gov/DBEsizestandards>

**2. How do I apply?**

First time applicants for DBE 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 a DBE do not have to complete this form, but may be asked by 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 to any other state related to your certification.

**3. Where can I send my application? [INSERT UCP PARTICIPATING MEMBER CONTACT INFORMATION]**

**4. Who will contact me about my application and what are the eligibility standards?** A transportation agency in your state that performs certification functions will contact you. The agency is a member of a statewide Unified Certification Program (UCP), which is required by the U.S. Department of Transportation. The UCP is a one-stop certification program that eliminates the need for your firm to obtain certification from multiple certifying agencies within your state. The UCP is responsible for certifying firms and maintaining a database of certified DBEs and ACDBEs, pursuant to the eligibility standards found in 49 C.F.R. Parts 23 and 26.

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

U.S. DOT—<https://www.transportation.gov/civil-rights> (This site provides useful links to the rules and regulations governing the DBE/ACDBE 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 Disadvantaged Business Enterprise Program as defined in 49 C.F.R. §26.5 and the Airport Concession Disadvantaged Business Enterprise Program as defined in 49 C.F.R. §23.3. You may review DOT's complete Privacy Act Statement in the Federal Register published on April 11, 2000 (65 FR 19477).

Under 49 C.F.R. §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 C.F.R. Parts 180 and 1200, No Procurement Suspension and Debarment, take enforcement action under 49 C.F.R. 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) AIRPORT CONCESSIONS DISADVANTAGED BUSINESS ENTERPRISE (ACDBE) UNIFORM CERTIFICATION APPLICATION

**NOTE:** All participating firms must be for-profit enterprises. If your firm is not for profit, then you do NOT qualify for the DBE/ACDBE program and should not complete this application. 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. Basic Contact Information

- (1) 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.
- (2) Enter the legal name of your firm, as indicated in your firm's Articles of Incorporation or charter.
- (3) Enter the primary phone number of your firm.
- (4) Enter a secondary phone number, if any.
- (5) Enter your firm's fax number, if any.
- (6) Enter the contact person's email address.
- (7) Enter your firm's website addresses, if any.
- (8) Enter the street address of the firm where its offices are physically located (not a P.O. Box).
- (9) Enter the mailing address of your firm, if it is different from your firm's street address.

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

- (10) Check the appropriate box indicating whether your firm is currently certified in the DBE/ACDBE programs, and provide the name of the certifying agency that certified your firm. List the dates of any site visits conducted by your home state and any other states or UCP members. Also provide the names of state/UCP members that conducted the review.
- (11) Indicate whether your firm or any firms owned by the persons listed has ever been denied certification as a DBE/ACDBE, 8(a), or Small Disadvantaged Business (SDB) firm, or state and local MBE/WBE firm. Indicate if the firm has ever been decertified from one of these programs. 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 to the Department and if so, attach a copy of USDOT's final agency decision(s).

### Section 2: GENERAL INFORMATION

#### A. Business profile:

- (1) 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 UCP online directory if you are certified as a DBE.

- (2) 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.
- (3) State the date on which your firm was established as stated in your firm's Articles of Incorporation or charter.
- (4) State the date each person became a firm owner.
- (5) Check the appropriate box describing 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." **If you checked "No," then you do NOT qualify for the DBE/ACDBE program** and should not complete this application. All participating firms must be for-profit enterprises. Provide the Federal Tax ID number as stated on your firm's Federal tax return.
- (7) Check the appropriate box that describes the type of legal business structure of your firm, as indicated in your firm's Articles of Incorporation or similar document. If you checked "Other," briefly explain in the space provided.
- (8) Indicate in the spaces provided how many employees your firm has, specifying 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 your application.
- (9) 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 C.F.R. §26.5 and 13 C.F.R. Part 121.

#### B. Relationships and Dealings 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, 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, informal, written, or oral



agreement. Provide an explanation of any items shared with other firms in the space provided.

- (2) Check the appropriate box 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.
- (3) Check the appropriate box that indicates whether at present or at any time in the past your firm:
  - (a) ever existed under different ownership, a different type of ownership, or a different name;
  - (b) existed as a subsidiary of any other firm;
  - (c) existed as a partnership in which one or more of the partners are/were other firms;
  - (d) owned any percentage of any other firm; and
  - (e) had any subsidiaries of its own.
  - (f) served as a subcontractor with another firm constituting more than 25% of your firm's receipts.

If you answered "Yes" to any of the questions in (3)(a-f), 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**

- (1) Enter the full name of the owner.
- (2) Enter his/her title or position within your firm.
- (3) Give his/her home phone number.
- (4) Enter his/her home (street) address.
- (5) Indicate this owner's gender.
- (6) Identify the owner's ethnic group membership. 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 or 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.
- (8) Enter the number of years during which this owner has been an owner of your firm.
- (9) Indicate the percentage of the total ownership this person holds and the date acquired, including (if appropriate), the class of stock owned.
- (10) 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**

- (1) Describe the familial relationship of this owner to each other owner of your firm and employees.
- (2) 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.

- (3) (a) 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, the nature of the business relationship, and the owner's function at the firm.  
(b) 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.
- (4) (a) 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 DBE/ACDBE Program Eligibility" with your application. Note, complete this section and accompanying statement only for each owner applying for DBE qualification (i.e., for each owner claiming to be socially and economically disadvantaged).  
(b) Check the appropriate box that indicates whether any trust has been created for the benefit of the disadvantaged owner(s). If you answered "Yes," you may be asked to provide a copy of the trust instrument.
- (5) Check the appropriate to indicate whether any of your immediate family members, managers, or employees, own, manage, or are associated with another company. Immediate family member is defined in 49 C.F.R. §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**

- (1) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each officer.
- (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 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.
- (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. (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**

- (1), (2) Specify the roles of the majority and minority owners, directors, officers, and managers, and key personnel who are responsible for the functions listed for the firm. Submit résumés for each owner and non-owner identified below. State the name of the individual, title, race



and gender and percentage ownership if any. Circle 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:

**(1) 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.

**(2) 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.

**(3) 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 box 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. Identify the persons able to sign checks on this account. Provide bank authorization and signature cards.

Bonding Information. State your firm's bonding limits 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.

**Section 5: AIRPORT CONCESSION (ACDBE) APPLICANTS**

Complete the entries in this section if you are applying for ACDBE certification. Indicate in Section A if you operate a concession at the airport, and/or supply a good or service to an airport concessionaire. Indicate in Section B whether the applicant firm owns or operates any off-airport locations, providing the type of business, lease information, address/location, and annual gross receipts generated. Provide similar information in section C for any airport concession locations the firm currently owns or operates. If the applicant firm has any affiliates, provide the requested information in Section D. Indicate whether the ACDBE firm is participating in any joint ventures, and if so, include the original and any amended joint venture agreements.

**AFFIDAVIT & SIGNATURE**

The Affidavit of Certification must accompany your application. 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.

## Section 1: CERTIFICATION INFORMATION



### A. Basic Contact Information

I am applying for certification as  DBE  ACDBE

(1) Contact person and Title: \_\_\_\_\_

(2) Legal name of firm: \_\_\_\_\_

(3) Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (4) Other Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (5) Fax #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

(6) E-mail: \_\_\_\_\_ (7) Firm Websites: \_\_\_\_\_

(8) Street address of firm (No P.O. Box): \_\_\_\_\_ City: \_\_\_\_\_ County/Parish: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(9) Mailing address of firm (if different): \_\_\_\_\_ City: \_\_\_\_\_ County/Parish: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### B. Prior/Other Certifications and Applications

(10) Is your firm currently certified for any of the following U.S. DOT programs?

DBE  ACDBE Names of certifying agencies: \_\_\_\_\_

⊗ If you are certified in your home state as a DBE/ACDBE, you do not have to complete this application for other states. Ask your state UCP about the interstate certification process.

List the dates of any site visits conducted by your home state and any other states or UCP members:

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ State/UCP Member: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ State/UCP Member: \_\_\_\_\_

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

(a) Denied certification or decertified as a DBE, ACDBE, 8(a), SDB, MBE/WBE firm?  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:** (1) 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 use additional paper if necessary. This description may be used in our database and the UCP online directory if you are certified as a DBE or ACDBE.

(2) Applicable NAICS Codes for this line of work include: \_\_\_\_\_

(3) This firm was established on \_\_\_\_/\_\_\_\_/\_\_\_\_

(4) I/We have owned this firm since: \_\_\_\_/\_\_\_\_/\_\_\_\_



**(5) Method of acquisition (Check all that apply):**

Started new business  Bought existing business  Inherited business  Gifted  
 Merger or consolidation  Other (explain) \_\_\_\_\_

(6) Is your firm "for profit"?  Yes  
Federal Tax ID#

No →  STOP! If your firm is NOT for-profit, then you do NOT qualify for this program and should not fill out this application.

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

- Sole Proprietorship
- Limited Liability Partnership
- Partnership  Corporation
- Limited Liability Company  Other, Describe \_\_\_\_\_

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

**(9) 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 Firms \$ \_\_\_\_\_  
Year \_\_\_\_\_ Gross Receipts of Applicant Firm \$ \_\_\_\_\_ Gross Receipts of Affiliate Firms \$ \_\_\_\_\_  
Year \_\_\_\_\_ Gross Receipts of Applicant Firm \$ \_\_\_\_\_ Gross Receipts of Affiliate Firms \$ \_\_\_\_\_

## **B. Relationships and Dealings 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 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, informal, written, or oral agreement. Also detail the items shared*

**(2) 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

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

(a) Ever existed under different ownership, a different type of ownership, or a different name?  Yes  No

(b) Existed as a subsidiary of any other firm?  Yes  No

(c) Existed as a partnership in which one or more of the partners are/were other firms?  Yes  No

(d) Owned any percentage of any other firm?  Yes  No

(e) Had any subsidiaries?  Yes  No

(f) Served as a subcontractor with another firm constituting more than 25% of your firm's receipts?  Yes  No

*(If you answered "Yes" to any of the questions in (2) and/or (3)(a)-(f), you may be asked to provide further details and explain whether the arrangement continues).*

### Section 3: MAJORITY OWNER INFORMATION



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

|  |              |   |              |            |      |              |      |          |             |          |           |          |       |          |
|--|--------------|---|--------------|------------|------|--------------|------|----------|-------------|----------|-----------|----------|-------|----------|
| (1) Full Name:   | (2) Title:   | (3) Home Phone #:   |              |            |      |              |      |          |             |          |           |          |       |          |
|  |              | (      ) _____ - _____  |              |            |      |              |      |          |             |          |           |          |       |          |
| (4) Home Address (Street and Number):  |              | City: _____   | State: _____ | Zip: _____ |      |              |      |          |             |          |           |          |       |          |
| (5) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female  |              | (8) Number of years as owner: _____   |              |            |      |              |      |          |             |          |           |          |       |          |
| (6) Ethnic group membership (Check all that apply):  |              | (9) Percentage owned: _____ %<br>Class of stock owned: _____ Date acquired _____  |              |            |      |              |      |          |             |          |           |          |       |          |
| <input type="checkbox"/> Black<br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> Asian Pacific<br><input type="checkbox"/> Native American<br><input type="checkbox"/> Subcontinent Asian<br><input type="checkbox"/> Other (specify) _____ |              | <b>(10) Initial investment to acquire ownership interest in firm:</b> <table border="1"> <tr> <td>Type</td> <td>Dollar Value</td> </tr> <tr> <td>Cash</td> <td>\$ _____</td> </tr> <tr> <td>Real Estate</td> <td>\$ _____</td> </tr> <tr> <td>Equipment</td> <td>\$ _____</td> </tr> <tr> <td>Other</td> <td>\$ _____</td> </tr> </table> <p>Describe how you acquired your business:</p> <p><input type="checkbox"/> Started business myself.<br/> <input type="checkbox"/> It was a gift from: _____<br/> <input type="checkbox"/> I bought it from: _____<br/> <input type="checkbox"/> I inherited it from: _____<br/> <input type="checkbox"/> Other _____</p> <p><i>(Attach documentation substantiating your investment)</i></p> |              |            | Type | Dollar Value | Cash | \$ _____ | Real Estate | \$ _____ | Equipment | \$ _____ | Other | \$ _____ |
| Type   | Dollar Value |   |              |            |      |              |      |          |             |          |           |          |       |          |
| Cash   | \$ _____     |   |              |            |      |              |      |          |             |          |           |          |       |          |
| Real Estate  | \$ _____     |   |              |            |      |              |      |          |             |          |           |          |       |          |
| Equipment  | \$ _____     |   |              |            |      |              |      |          |             |          |           |          |       |          |
| Other  | \$ _____     |   |              |            |      |              |      |          |             |          |           |          |       |          |

#### B. Additional Owner Information

##### (1) Describe familial relationship to other owners and employees:

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

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

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

(b) Does this owner work for any other firm, non-profit organization, or engage in any other activity more than 10 hours per week? If yes, identify this activity: \_\_\_\_\_

(4)(a) What is the personal net worth of this disadvantaged owner applying for certification? \$ \_\_\_\_\_

(b) Has any trust been created for the benefit of this disadvantaged owner(s)?  Yes  No  
 (If Yes, you may be asked to provide a copy of the trust instrument).

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

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



**A. 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>(1) Full Name:</b><br><hr/>   | <b>(2) Title:</b><br><hr/> | <b>(3) Home Phone #:</b><br>(      ) _____ - _____   |              |            |  |      |              |      |    |       |             |    |       |           |    |       |       |    |       |
|--|----------------------------|--|--------------|------------|--|------|--------------|------|----|-------|-------------|----|-------|-----------|----|-------|-------|----|-------|
| <b>(4) Home Address (Street and Number):</b><br><hr/>  |                            | City: _____  | State: _____ | Zip: _____ |  |      |              |      |    |       |             |    |       |           |    |       |       |    |       |
| <b>(5) Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female   |                            | <b>(8) Number of years as owner:</b> _____   |              |            |  |      |              |      |    |       |             |    |       |           |    |       |       |    |       |
| <b>(6) Ethnic group membership (Check all that apply)</b>  |                            | <b>(9) Percentage owned:</b> _____ %<br>Class of stock owned: _____ Date acquired: _____   |              |            |  |      |              |      |    |       |             |    |       |           |    |       |       |    |       |
| <input type="checkbox"/> Black<br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> Asian Pacific<br><input type="checkbox"/> Native American<br><input type="checkbox"/> Subcontinent Asian<br><input type="checkbox"/> Other (specify) _____ |                            | <b>(10) Initial investment to acquire ownership interest in firm:</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;">Type</th> <th style="width: 40%; text-align: center;">Dollar Value</th> </tr> </thead> <tbody> <tr> <td>Cash</td> <td style="text-align: center;">\$</td> <td>_____</td> </tr> <tr> <td>Real Estate</td> <td style="text-align: center;">\$</td> <td>_____</td> </tr> <tr> <td>Equipment</td> <td style="text-align: center;">\$</td> <td>_____</td> </tr> <tr> <td>Other</td> <td style="text-align: center;">\$</td> <td>_____</td> </tr> </tbody> </table> |              |            |  | Type | Dollar Value | Cash | \$ | _____ | Real Estate | \$ | _____ | Equipment | \$ | _____ | Other | \$ | _____ |
|  | Type                       | Dollar Value   |              |            |  |      |              |      |    |       |             |    |       |           |    |       |       |    |       |
| Cash   | \$                         | _____  |              |            |  |      |              |      |    |       |             |    |       |           |    |       |       |    |       |
| Real Estate  | \$                         | _____  |              |            |  |      |              |      |    |       |             |    |       |           |    |       |       |    |       |
| Equipment  | \$                         | _____  |              |            |  |      |              |      |    |       |             |    |       |           |    |       |       |    |       |
| Other  | \$                         | _____  |              |            |  |      |              |      |    |       |             |    |       |           |    |       |       |    |       |
| <b>(7) U.S. Citizenship:</b>   |                            | Describe how you acquired your business:<br><input type="checkbox"/> Started business myself.<br><input type="checkbox"/> It was a gift from: _____<br><input type="checkbox"/> I bought it from: _____<br><input type="checkbox"/> I inherited it from: _____<br><input type="checkbox"/> Other _____   |              |            |  |      |              |      |    |       |             |    |       |           |    |       |       |    |       |
| <i>(Attach documentation substantiating your investment)</i>   |                            |  |              |            |  |      |              |      |    |       |             |    |       |           |    |       |       |    |       |

**B. Additional Owner Information**

**(1) Describe familial relationship to other owners and employees:**

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

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

**(b) Does this owner work for any other firm, non-profit organization, or is engaged in any other activity more than 10 hours per week?** If yes, identify this activity: \_\_\_\_\_

**(4)(a) What is the personal net worth of this disadvantaged owner applying for certification? \$ \_\_\_\_\_**

**(b) Has any trust been created for the benefit of this disadvantaged owner(s)?**  Yes  No  
(If Yes, you may be asked to provide a copy of the trust instrument).

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

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#### 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 |
|-----------------------------|------|-------|----------------|-----------|--------|
| (1) Officers of the Company | (a)  |       |                |           |        |
|                             | (b)  |       |                |           |        |
|                             | (c)  |       |                |           |        |
|                             | (d)  |       |                |           |        |
| (2) Board of Directors      | (a)  |       |                |           |        |
|                             | (b)  |       |                |           |        |
|                             | (c)  |       |                |           |        |
|                             | (d)  |       |                |           |        |

(3) Do any of the persons listed above perform a management or supervisory function for any other business?

Yes  No If Yes, identify for each:

Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Business: \_\_\_\_\_ Function: \_\_\_\_\_

Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Business: \_\_\_\_\_ Function: \_\_\_\_\_

(4) Do any of the persons listed in section A 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. Duties of Owners, Officers, Directors, Managers, and Key Personnel

1. Complete for all Owners who are responsible for the following functions of the firm (Attach separate sheets as needed).

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



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

A = Always      S = Seldom  
 F = Frequently    N = Never

|  |  | Officer/Director/Manager/Key Personnel |                            |                            |                            | Officer/Director/Manager/ Key Personnel |                            |                            |                            |
|--|--|--|----------------------------|----------------------------|----------------------------|---|----------------------------|----------------------------|----------------------------|
|  |  | Name: _____                            |                            | Title: _____               |                            | Name: _____                             |                            | Title: _____               |                            |
|  |  | Race and Gender: _____                 |                            | Percent Owned: _____       |                            | Race and Gender: _____                  |                            | Percent Owned: _____       |                            |
| Sets policy for company direction/scope of operations                  |  | A <input type="checkbox"/>             | F <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> | A <input type="checkbox"/>              | F <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> |
| Bidding and estimating   |  | A <input type="checkbox"/>             | F <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> | A <input type="checkbox"/>              | F <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> |
| Major purchasing decisions   |  | A <input type="checkbox"/>             | F <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> | A <input type="checkbox"/>              | F <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> |
| Marketing and sales  |  | A <input type="checkbox"/>             | F <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> | A <input type="checkbox"/>              | F <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> |
| Supervises field operations  |  | A <input type="checkbox"/>             | F <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> | A <input type="checkbox"/>              | F <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> |
| Attend bid opening and lettings  |  | A <input type="checkbox"/>             | F <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> | A <input type="checkbox"/>              | F <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> |
| Perform office management (billing, accounts receivable/payable, etc.) |  | A <input type="checkbox"/>             | F <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> | A <input type="checkbox"/>              | F <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> |
| Hires and fires management staff                                       |  | A <input type="checkbox"/>             | F <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> | A <input type="checkbox"/>              | F <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> |
| Hire and fire field staff or crew                                      |  | A <input type="checkbox"/>             | F <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> | A <input type="checkbox"/>              | F <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> |
| Designates profits spending or investment                              |  | A <input type="checkbox"/>             | F <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> | A <input type="checkbox"/>              | F <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> |
| Obligates business by contract/credit                                  |  | A <input type="checkbox"/>             | F <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> | A <input type="checkbox"/>              | F <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> |
| Purchase equipment   |  | A <input type="checkbox"/>             | F <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> | A <input type="checkbox"/>              | F <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> |
| Signs business checks  |  | A <input type="checkbox"/>             | F <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> | A <input type="checkbox"/>              | F <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> |

Do any of the persons listed in B1 or B2 perform a management or supervisory function for any other business? If Yes, identify the person, the business, and their title/function:

Do 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 investments, equipment, leases, personnel sharing, etc.) If Yes, describe the nature of the business relationship:

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

**1. Equipment and Vehicles**

| Make and Model | Current Value | Owned or Leased by Firm or Owner? | Used as collateral? | Where is item stored? |
|----------------|---------------|-----------------------------------|---------------------|-----------------------|
| 1.             |               |                                   |                     |                       |
| 2.             |               |                                   |                     |                       |
| 3.             |               |                                   |                     |                       |
| 4.             |               |                                   |                     |                       |
| 5.             |               |                                   |                     |                       |
| 6.             |               |                                   |                     |                       |
| 7.             |               |                                   |                     |                       |
| 8.             |               |                                   |                     |                       |
| 9.             |               |                                   |                     |                       |

**2. Office Space**

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

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



| Street Address | Owned or Leased by<br>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 this account: \_\_\_\_\_

Name of bank: \_\_\_\_\_ City and State: \_\_\_\_\_  
The following individuals are able to sign checks on this 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 the owner and any other person or firm loaned money to the applicant DBE/ACDBE. Include the names 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<br>Guaranteeing the<br>Loan | Original<br>Amount | Current<br>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 or another individual over the past two years** (Attach additional sheets if needed):

| Contribution/Asset | Dollar Value | From Whom<br>Transferred | To Whom<br>Transferred | Relationship | Date of<br>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 | 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. _____                                    |                     |              |                    |                             |                          |

**Additional Information:**

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**SECTION 5 - AIRPORT CONCESSION**  
**(ACDBE APPLICANTS ONLY)**



**A. I am applying for ACDBE certification to: (check all that apply)**

Operate a concession at an airport  Supply a good or service to an airport concessionaire

**B. Does the applicant firm own/operate any off-airport locations?  Yes  No If Yes, identify the following**

| Type of Business<br>(e.g., F&B, News & Gift, Retail, Duty Free, Advertising, etc.) | Lease Term<br>(years) | Lease Start Date | Address / Location | Annual Gross Receipts Generated |
|--|-----------------------|------------------|--------------------|---------------------------------|
|  |                       |                  |                    |                                 |
|  |                       |                  |                    |                                 |
|  |                       |                  |                    |                                 |
|  |                       |                  |                    |                                 |

**C. Does the applicant firm currently own/operate any airport concession locations?  Yes  No If Yes, supply the following information:**

| Airport Name | Concession Type<br>(e.g., F&B, News & Gift, Retail, Duty Free, Advertising, etc.) | Number of Leases | Number of Locations | Annual Gross Receipts Generated | Lease Type<br>(e.g. Direct Lease, Subcontract Management Agreement, etc. enter all that apply to the leases listed) |
|--------------|---|------------------|---------------------|---------------------------------|---|
|              |   |                  |                     |                                 |   |
|              |   |                  |                     |                                 |   |
|              |   |                  |                     |                                 |   |

**D. Does the applicant firm have any affiliates?  Yes  No If Yes, provide the following information concerning any locations owned/operated by affiliate firms.**

| Airport Name | Concession Type<br>(e.g., F&B, News & Gift, Retail, Duty Free, Advertising, etc.) | Number of Leases | Number of Locations | Annual Gross Receipts Generated | Lease Type<br>(e.g. Direct Lease, Subcontract Management Agreement, etc. enter all that apply to the leases listed) |
|--------------|---|------------------|---------------------|---------------------------------|---|
|              |   |                  |                     |                                 |   |
|              |   |                  |                     |                                 |   |

**E. Is the ACDBE applicant firm a participant in any joint ventures?  Yes  No If Yes, attach all original and any amended Joint Venture Agreements and any amendments to the agreements.**

## AFFIDAVIT OF CERTIFICATION

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



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

I \_\_\_\_\_ (full name printed),  
swear or affirm under penalty of law that I am  
\_\_\_\_\_ (title) of 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 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, subcontract, concession lease or  
sublease, 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 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.).

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 or Airport  
Concession Disadvantaged Business Enterprise. In support of my  
application, I certify that I am a member of one or more of the  
following groups, and that I have held myself out as a member of  
the group(s): (Check 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  
\$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 socially and economically  
disadvantaged.

I declare under penalty of perjury that the information  
provided in this application and supporting documents is true  
and correct.

Signature \_\_\_\_\_  
(DBE/ACDBE Applicant) \_\_\_\_\_ (Date)

### NOTARY CERTIFICATE

## UNIFORM CERTIFICATION APPLICATION SUPPORTING DOCUMENTS CHECKLIST



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

### Required Documents for All Applicants

- Résumés (that include places of employment with corresponding dates), for all owners, officers, and key personnel of the applicant firm
- Personal Net Worth Statement for each socially and economically disadvantaged owners who the applicant firm relies upon to satisfy the Regulation's 51% ownership requirement.
- Personal Federal tax returns for the past 3 years, if applicable, for each disadvantaged owner
- Federal tax returns (and requests for extensions) filed by the firm and its affiliates with related schedules, for the past 3 years.
- Documented proof of contributions used to acquire ownership for each owner (e.g., *both sides of cancelled checks*)
- Signed loan and security agreements, and bonding forms
- List of equipment and/or vehicles owned and leased including VIN numbers, copy of titles, proof of ownership, insurance cards for each vehicle.
- Title(s), registration certificate(s), and U.S. DOT numbers for each truck owned or operated by your firm
- Licenses, license renewal forms, permits, and haul authority forms
- Descriptions of all real estate (including office/storage space, etc.) owned/leased by your firm and documented proof of ownership/signed leases
- Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past 2 years
- DBE/ACDBE and SBA 8(a), SDB, MBE/WBE certifications, denials, and/or decertification's, if applicable; and any U.S. DOT appeal decisions on these actions.
- Bank authorization and signatory cards
- Schedule of salaries (or other remuneration) paid to all officers, managers, owners, and/or directors of the firm
- List of all employees, job titles, and dates of employment.
- Proof of warehouse/storage facility ownership or lease arrangements

### Partnership or Joint Venture

- Original and any amended Partnership or Joint Venture Agreements

### Corporation or LLC

- Official Articles of Incorporation (*signed by the state official*)
- Both sides of all corporate stock certificates and your firm's stock transfer ledger
- Shareholders' Agreement(s)
- Minutes of all stockholders and board of director's meetings

- Corporate by-laws and any amendments
- Corporate bank resolution and bank signature cards
- Official Certificate of Formation and Operating Agreement with any amendments (for LLCs)

### Optional Documents to Be Provided on Request

*The certifying agency to which you are applying may require the submission of the following documents. If requested to provide these document, you must supply them with your application or at the on-site visit.*

- Proof of citizenship
- Insurance agreements for each truck owned or operated by your firm
- Audited financial statements (if available)
- Trust agreements held by any owner claiming disadvantaged status
- Year-end balance sheets and income statements for the past 3 years (*or life of firm, if less than three years*)

### Suppliers

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

**ATTACHMENT B**  
**STATE OF ALABAMA**  
**UNIFIED CERTIFICATION PROGRAM**

**DISADVANTGED BUSINESS ENTERPRISE**  
**NO CHANGE AFFIDAVIT**

No Change Affidavit

I, \_\_\_\_\_, declare that there have been no changes in \_\_\_\_\_ circumstances affecting its ability to meet the size, disadvantage status, ownership, or control requirements of 49 CFR Part 26 and 13 Part 121. I further declare there have been no material changes in the information provided with \_\_\_\_\_ (name of firm) application for certification, except for any changes about which I have provided written notice to the Alabama Unified Certification Program pursuant to 49 CFR § 26.83(i).

I declare 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 in 49 CFR § 26.5, without regard to my individual qualities. I further declare 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 socially or economically disadvantaged.

In addition, I specifically declare that \_\_\_\_\_ (name of firm) continues to meet the Small Business Administration (SBA) business size criteria and the overall gross receipts cap of 49 CFR Part 26. I specifically declare that \_\_\_\_\_ (name of firm) average annual gross receipts (as defined by SBA rules) over the previous three fiscal years do not exceed \_\_\_\_\_. Attached are gross receipts and/or tax documents to support this affidavit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Firm number \_\_\_\_\_ Firm Address \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 2023, before me appeared (name) \_\_\_\_\_, to me personally known, who, being duly sworn, did execute the foregoing affidavit and did state that he or was properly authorized by (name of firm) \_\_\_\_\_, to execute the affidavit and did so, as his or her free act and deed.

(SEAL/STAMP)

Notary Public: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

<sup>1</sup> *Knowingly and willfully providing false information to the Federal Government is a violation of 18 U.S.C. Section 1001 (False Statements) and could subject you to fines, imprisonment or both.*

**ATTACHMENT C**  
**STATE OF ALABAMA**  
**UNIFIED CERTIFICATION PROGRAM**

**IMPLEMENTATION PLAN**

State of Alabama  
Unified Certification Program

## Implementation Plan

| STEP | ACTION  | TIME          |
|------|---|---------------|
| 1    | ALUCP Chairman notified UCP Members when the Secretary if US DOT approves the UCP Agreement.  | Upon Approval |
| 2    | UCP Members begin processing new DBE applications pursuant to the provisions of the UCP Agreement (UCP DBE Directory will available by October 1, 2007) ALDOT provides appropriate training in use of Internet-based system.  | Upon Approval |
| 3    | ALDOT combines all Directories and forwards the combined Directory to all Executive Committee Members.  | 30 Days       |
| 4    | The Executive Committee will meet and designate a Responsible Certifying Member for each DBE firm.  | 60 Days       |
| 5    | Members notified of Executive Committee decisions in Step 5, are instructed to forward files to designated Responsible Certifying Members.  | 90 Days       |
| 6    | Responsible Certifying Members will review files on non-Alabama firms. [if certified in its home state, a copy of DBE Certification is obtained. If the firm is not certified in its home state, notice is given that their Alabama Certification will continue only if there is clear evidence that the firm is seeking home state certification, and without such evidence their Alabama Certification will be revoked in accordance with 49 CFR, Part 26, Paragraph 26.87. | 90 Days       |
| 7    | The Executive Committee will meet to discuss implementation, progress, resolve issues and establish a date for their next meeting.  | 30 Days       |

TOTAL TIME: 360 Days

**ATTACHMENT D**  
**STATE OF ALABAMA**  
**UNIFIED CERTIFICATION PROGRAM**  
**Disadvantaged Business Enterprise (DBE)**  
**On-Site Checklist**



**STATE OF ALABAMA  
DISADVANTAGED BUSINESS ENTERPRISE PROGRAM  
49 Code of Federal Regulations PART 26**

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**UNIFIED CERTIFICATION PROGRAM  
ON-SITE INSPECTION AND OWNER INTERVIEW REPORT**

The purpose of this on-site inspection is to solicit information from the owner(s) of record for the firm listed below to determine if his/her ownership is real, substantial, continuing and consistent with the day-to-day control requirement contained in the governing federal regulation of the 49 CFR, part 26.

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**General Information**

Interviewer:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

How Long at Present Location: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Location: \_\_\_\_\_

Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Person of Contact: \_\_\_\_\_

Mailing Address: If different from above  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

**Type of Review:**

New Application \_\_\_\_\_

Update Review \_\_\_\_\_

Other \_\_\_\_\_

Date of Last Review: \_\_\_\_\_ Reviewer: \_\_\_\_\_

Disadvantage Status: DBE \_\_\_\_\_ ACDBE \_\_\_\_\_

**Company and Applicant Background**

Corporation

Joint Venture

Other (please specify): \_\_\_\_\_

Partnership

Sole Proprietorship

Franchise

LLC

*List all Owners and Directors*

| Name | Title | Race/ Gender | % of Ownership | Board Member / Position | Present during On-Site Review |
|------|-------|--------------|----------------|-------------------------|-------------------------------|
|      |       |              |                |                         |                               |
|      |       |              |                |                         |                               |
|      |       |              |                |                         |                               |
|      |       |              |                |                         |                               |
|      |       |              |                |                         |                               |

*List all Officers of the Company*

| Name | Title | Race/ Gender | % of Ownership | Officer / Position | Present during On-Site Review |
|------|-------|--------------|----------------|--------------------|-------------------------------|
|      |       |              |                |                    |                               |
|      |       |              |                |                    |                               |
|      |       |              |                |                    |                               |
|      |       |              |                |                    |                               |
|      |       |              |                |                    |                               |

1. On what date and by whom was the company established?

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2. Detail in specific terms how the company was initially capitalized and provide documented proof of initial investment. *49 CFR 26.69 (c)*

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3. How was majority percentage of ownership determined? *49 CFR 26.69 (c)*

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4. Is the company a successor of any other company, or has it conducted business under another name? Yes        No       

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5. Has the company made any changes in ownership since the application was submitted? If so, what changes have been made? *46 CFR 26.69, 26.71, and 26.83*. Yes        No       

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6. What is the company's primary line of business? Please be specific.

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7. Is the company currently operating under a business or professional license? Who obtained the license? Business        Professional       

Obtained By: \_\_\_\_\_

8. Is the company certified in any other state, jurisdiction, SBA 8(a), or subchapter(s) of the IRS Act? If yes, what state? *Reviewer: Obtain a copy of certification.* Yes        No         
State: \_\_\_\_\_

9. Do any of the owner(s) of the company have stock, management, or ownership interest in another company? If so, please list the company and the percent of interest. Yes        No         
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Are you operating under a joint venture agreement with another company? If yes what is your role in the agreement? Yes        No         
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Management of Applicant's Company**

11. Identify the tasks and responsibilities of each position held by management, owners, and key personnel of the company. Be specific when listing day to day management activity. *Please attach an organizational chart if needed to express these activities. 49 CFR 26.71 (e)(f)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. How many hours per day does the owner(s) devote to the business? If requesting ACDBE certification, how many hours does the owner(s) work at the concession site ? 49 CFR 26.71(j)

13. Describe the day-to-day operations of the company.

14. Does any member(s) of your firm work full/ part-time for any other company? If yes, please list the name of the company, position, and hours worked per week? Yes    No

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15. Does the company work primarily as a prime or subcontractor? Owner or Franchise? If the company is prime, what is the percentage of work done? Prime        Percentage         
Subcontractor        Owner        Franchise

## Personnel and Financials

16. Identify the individuals responsible for the following:

| <i>Role</i>  | <i>Primary</i> | <i>Secondary</i> |
|--|----------------|------------------|
| Accounting Functions   |                |                  |
| Administrative Functions   |                |                  |
| Make and Sign Loan Agreements  |                |                  |
| Signs contract to perform work or subcontracts work for the company  |                |                  |
| Estimates work in preparation of submitting a bid or quotation in the company name   |                |                  |
| Orders and purchases material for the company  |                |                  |
| Dispute Billing w/ Prime Contractors   |                |                  |
| Negotiates financing   |                |                  |
| Negotiates contracts   |                |                  |
| Negotiates bonding   |                |                  |
| Negotiates insurance   |                |                  |
| Hires and terminates employees   |                |                  |
| a. When was the last time an employee was hired? Fired? By whom?   | Date Hired:    |                  |
|  | By Whom:       |                  |
|  | Date Fired:    |                  |
|  | By Whom:       |                  |
| Set salaries for personnel and approves rate of pay for employees<br><i>Reviewer: Secure a sample of W2's, W4's and 1099's of current and past employees for the applicant file.</i> |                |                  |
| Has the authority to sign payroll and creditor checks  |                |                  |
| Actually, signs payroll and creditor checks  |                |                  |
| Establishes policy and procedure for the company <i>49 CFR 26.71</i>   |                |                  |

17. How many supervisor(s) are employed by the company? *Reviewer: Request resumes for each supervisor*

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18. How are stockholders, directors, and key personnel of the firm compensated and in what amount? Please be specific. *49 CFR 26.69*

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19. Is the company being assisted financially or otherwise by anyone other than the owner? If yes, by whom? Yes    No     
By Whom: \_\_\_\_\_

20. With what banks or financial institutions does the company have accounts and loans?

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21. Does the company retain the services of a CPA or tax preparer? If yes, please the name and address of the company. If a CPA is used, please list name as well?

Yes    No   

CPA   

Name: \_\_\_\_\_

Company: \_\_\_\_\_

City and State: \_\_\_\_\_

Tax Preparer   

Company: \_\_\_\_\_

City and State: \_\_\_\_\_

22. Does the company have a financial line of credit? Yes    No    If yes, what is the amount of the line of credit and what is the name of the institution that provided it?

| Amount | Name of Institution |
|--------|---------------------|
|        |                     |
|        |                     |
|        |                     |
|        |                     |

a. If the applicant is a new firm without a line of credit, what resources have been used to purchase equipment and materials

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23. Are there any current loans made to the business that are outstanding? 49 CFR 26.69 (c)(e)

Yes    No   

24. Does the company have a bond? If so, specify the bond limit and name of the company and the agent. 49 CFR 26.51(b)(2); 49 CFR 26.71(h); 49 CFR 26.83 (c)(3) respectively

Yes    Amount \$ \_\_\_\_\_ No   

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25. Does the company maintain life insurance on the principal(s) or participant(s) of the company? Yes        No       

26. What type of insurance does the company have and who obtained it? Who is the insurance agent?

| Type of Insurance   | Obtained By | Agent | City and State |
|---|-------------|-------|----------------|
| No Insurance  | N/A         | N/A   | N/A            |
| General Liability   |             |       |                |
| Life Insurance  |             |       |                |
| Equipment / Vehicle                                       |             |       |                |
| Health (for all employees)                                |             |       |                |
| Workers' Compensation (for all employees, if no, explain) |             |       |                |

**Bids, Contracts and Jobs**

27. How does the company learn of project bids and/or concession openings?

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28. Does the company bid work with local DOT and other governmental agencies? If yes, please list the other agencies. Yes        No       

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a. What airports are you currently working with or have a facility operating in?

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29. Describe the company's complete bidding process.

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30. Has the company or any principal of the company ever failed to complete any contract awarded to you? If yes, describe your circumstances.

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31. Who monitors job sites? What is their position in the company? *Reviewer: Obtain copies of resumes.*

| <u>Name</u> | <u>Title</u> |
|-------------|--------------|
|             |              |
|             |              |
|             |              |
|             |              |

32. Has the company subcontracted work to a second or third tier contractor? If yes, please list.

Yes    No   

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33. Has the company ever had or currently have, any contracts on which it had a joint agreement with the prime contractor for financial procurement of material, equipment, manpower, use of office or warehouse space necessary to perform on the job? Yes    No   

*Reviewer: If yes, secure a copy of the joint agreement.*

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**Materials and Equipment**

34. Are materials stored on the premises? Yes    No    If not, where?

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35. Does the company take the ownership title for the materials supplied? Yes    No   

36. What material supplier(s) are used by the company? Include names and telephone numbers of three suppliers for verification.

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37. *Reviewer: Please review materials on premise.*

| <i>Materials</i> |
|------------------|
|                  |
|                  |
|                  |
|                  |
|                  |

38. Does the company own equipment necessary to perform work under the scope of services listed under type of business? Yes    No    If no, please state the sources use to secure equipment and the type. *49 CFR 26.71(m)*

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39. Does the firm store equipment on the premises? If not, where? Yes    No   

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40. What pieces of equipment have been purchased within the last year?

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41. If equipment is leased, is there a business relationship between the two companies other than the equipment leasing? If yes, explain. Yes    No   

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42. Who decides and signs notes and leases for equipment?

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43. *Reviewer: Review the equipment list furnished with the application and secure copies of the titles, notes, bills of sale, and lease-rent agreements by department. Also ascertain ownership and state motor vehicle tag numbers. This information was submitted with initial certification information.* Reviewed: Yes    No   

44. *Reviewer: What equipment can be seen on premises? Does it have company logo? Is it leased or owned? If the equipment is leased, please secure copies of the lease agreement for applicant file.*

| Equipment | Leased or owned | Company Logo |
|-----------|-----------------|--------------|
|           |                 |              |
|           |                 |              |
|           |                 |              |
|           |                 |              |

45. Is the company a supplier or concessionaire? If yes, does the company keep the good(s) supplied to its customers on property owned or leased by the company. Also, indicate the line(s) of the product supplied and/or service(s) provided. (*Reviewer: if the company is a supplier of aggregates such as sand, rock, gravel, etc. you must physically visit the storage yard.*) Supplier: Yes    No    Concessionaire: Yes    No   

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46. *Reviewer: Review and verify signature on purchase orders and checks for material purchases.* Reviewed: Yes    No

**Reviewer's Observations**

47. Is the firm identified by name on a sign at its location? Yes    No   

48. How does the company market itself?

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49. Is the office space leased or owned? If leased, by who? Review and secure copies of all lease agreements for certification files. Owned    Leased   

50. Does the firm conduct business from any other office or share any facilities with a non-disadvantaged company? If yes, where? Yes    No   

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51. Identify any other structure(s) or other business(es) that share the premises or facility and provide addresses.

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52. Is the owner(s) office easily identifiable? Yes    No   

53. Are the persons working in the office during the on-site interview employed by the company? Yes    No   

54. Was a job site visited and were employees interviewed? Yes    No

## **ATTACHMENT E**

### **ALUCP MEMORANDUM OF UNDERSTANDING**

To collect and evaluate information received regarding DBE certification applications, conduct site visits, and make certification decisions as DBE status in accordance with 49 CFR Part 23, and 26.

To promptly provide current information to the DBE Directory as required by and in the manner prescribed within the ALUCP.

To update the DBE Directory with new and updated information.

To retain and make appropriate DBE certification files.

To make information available to other USDOT recipients and other state UCPs in response to questions or complaints, upon written request.

To make timely final decisions on DBE applications as provided in 49 CFR Part 23 and Part 26, Paragraph 26.83(k) or within ninety (90) days of receipt of all information.

To provide information on any certified DBE upon request by a ALUCP Member.

To ensure that the ALUCP has sufficient resources and expertise to carry out the requirements contained in 49 CFR Part 26.81, Subpart E, as amended.

AGREEMENT  
FOR  
ALABAMA UNIFORM CERTIFICATION PROGRAM (ALUCP)

THIS AGREEMENT is made and entered into this 29<sup>th</sup> day of February, 2023 by and between the undersigned, authorized representatives of the Alabama Department of Transportation (ALDOT), and those entities (partner recipients) within the State of Alabama identified as current or future recipients or sub-recipients of funding from the United States Department of Transportation's (USDOT) Federal Highway Administration (FHWA), Federal Aviation Administration (FAA), Federal Transit Administration (FTA).

WHEREAS, a final rule revising the USDOT's regulations for its Disadvantaged Business Enterprise (DBE) Program was published in the Federal Register on February 2, 1999.

WHEREAS, these regulations contained in 49 CFR Part 26.81, as amended, became effective on March 4, 1999.

WHEREAS, all USDOT recipients within each state must sign an agreement establishing a UCP and obtain approval of the agreement by the Secretary of the USDOT.

NOW THEREFORE, IT IS MUTUALLY AGREED BETWEEN THE PARTIES

The Alabama Unified Certification Program (ALUCP) is established for all USDOT certifying/noncertifying partner recipients within the State of Alabama. The ALUCP is detailed in Attachment A of the Agreement. The purpose of the ALUCP is to comply with the requirements contained in 49 CFR Part 26.81, Subpart E, as amended.

The State of Alabama Transportation Department (ALDOT), as a responsible certifying member, through its Construction Bureau DBE Section, will take the lead for the ALUCP with regard to:

The maintenance of the ALUCPs DBE Directory listing certified DBEs and agreeing to abide by the requirements cited in 49 CFR Part 26.81, monitoring activities of USDOT and its Operating Administration (OA).

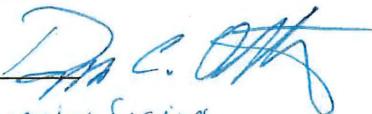
All Certifying partners recipients agree as follows:

To cooperate fully with the ALUCP and be bound by its decisions or actions upon approval by the USDOT.

To cooperate fully with the terms and conditions of this agreement.

Upon approval of Alabama's Uniform Certification Program, The ALDOT, through the Construction Bureau DBE Section will immediately assume and consolidate all certification functions and responsibilities. The ALUCP will be operational not later than 18 months following its approval by the USDOT.

BY: Douglas C. Otto, Jr.



Title: Vice President - Engineering Services

Agency: Alabama State Port Authority

Recipient: Mobil County, Mobil, Al  
(City, Town, County, Etc.)

MAIL TO:

Alabama Department of Transportation  
Construction Bureau  
Disadvantaged Business Enterprise Program  
1409 Coliseum Blvd  
Montgomery, Alabama 36110

FORM A-1009  
REV 10/2022

Upon approval of Alabama's Uniform Certification Program, The ALDOT, through the Construction Bureau DBE Section will immediately assume and consolidate all certification functions and responsibilities. The ALUCP will be operational not later than 18 months following its approval by the USDOT.

BY: Jamon R. Masley *L. M.*

Title: MANAGER OF PLANNING & CAPITAL PROJECTS/DBE LIASON OFFICER

Agency: THE WAVE TRANSIT SYSTEM

Recipient: MOBILE  
(City, Town, County, Etc.)

MAIL TO:

Alabama Department of Transportation  
Construction Bureau  
Disadvantaged Business Enterprise Program  
1409 Coliseum Blvd  
Montgomery, Alabama 36110

FORM A-1009  
REV 10/2022

Upon approval of Alabama's Uniform Certification Program, The ALDOT, through the Construction Bureau DBE Section will immediately assume and consolidate all certification functions and responsibilities. The ALUCP will be operational not later than 18 months following its approval by the USDOT.

BY: Robert M. Pro

Title: Chief Financial Officer

Agency: Huntsville-Madison County Airport Authority

Recipient: same as agency  
(City, Town, County, Etc.)

MAIL TO:  
Alabama Department of Transportation  
Construction Bureau  
Disadvantaged Business Enterprise Program  
1409 Coliseum Blvd  
Montgomery, Alabama 36110

FORM A-1009  
REV 10/2022

Upon approval of Alabama's Uniform Certification Program, The ALDOT, through the Construction Bureau DBE Section will immediately assume and consolidate all certification functions and responsibilities. The ALUCP will be operational not later than 18 months following its approval by the USDOT.

BY: W. Gary Key

Title: DBE Administrator

Agency: BAA

Recipient: BAA  
(City, Town, County, Etc.)

MAIL TO:

Alabama Department of Transportation  
Construction Bureau  
Disadvantaged Business Enterprise Program  
1409 Coliseum Blvd  
Montgomery, Alabama 36110

FORM A-1009  
REV 10/2022

Upon approval of Alabama's Uniform Certification Program, The ALDOT, through the Construction Bureau DBE Section will immediately assume and consolidate all certification functions and responsibilities. The ALUCP will be operational not later than 18 months following its approval by the USDOT.

BY: John Cooper  
Title: Director  
Agency: ALDOT  
Recipient: ALDOT  
(City, Town, County, Etc.)

MAIL TO:  
Alabama Department of Transportation  
Construction Bureau  
Disadvantaged Business Enterprise Program  
1409 Coliseum Blvd  
Montgomery, Alabama 36110

FORM A-1009  
REV 10/2022

**ATTACHMENT G**

**Alabama Uniform Certification Program**

**List of Responsible Certifying Members**

Alabama Department of Transportation (ALDOT)  
Disadvantaged Business Enterprise (DBE)  
1409 Coliseum Blvd  
Room G-101  
Montgomery, Alabama 36110  
(Leading Agency)

Alabama State Port Authority  
P. O. Box 1588  
Mobile, Alabama 36633

Birmingham Airport Authority  
5900 Airport Highway  
Birmingham, Alabama 35212

Huntsville-Madison County Airport Authority  
1000 Glenn Hearn Blvd, Box 20008  
Huntsville, Alabama 35824

The Wave Transit Authority  
110 Beauregard Street  
Suite 104  
Mobile, Alabama 36602

**ATTACHMENT H**

**Alabama Uniform Certification Program**

**List of Non-Certifying Sub-Recipients**

- Birmingham-Jefferson County Transit Authority
- Centre-Piedmont-Cherokee County Regional Airport Authority
- City of Alexander City
- City of Demopolis
- City of Elba
- City of Foley
- City of Gadsden
- City of Greenville
- City of Huntsville
- City of Lanett
- City of Oneonta
- City of Russellville
- City of Troy
- Dothan Regional Airport
- Gulf Shores, Alabama
- Lawrence County
- Madison County Executive Airport Authority
- Marion County Commission
- Mobile Airport Authority
- Regional Planning Commission of Birmingham
- Shelby County Department of Development Services
- St. Clair County Airport Authority
- Tuscaloosa Trolley
- U. S. Space and Rocket Center

**ATTACHMENT I**  
**49 CODE OF FEDERAL REGULATION PART 23**

49 Code of Federal Regulation Part 23 Website

<https://www.ecfr.gov/current/title-49 subtitle-A/part-23>

**ATTACHMENT J**  
**49 CODE OF FEDERAL REGULATION PART 26**

49 Code of Federal Regulation Part 26 Website

<https://www.ecfr.gov/current/title-49 subtitle-A/part-26>

**ATTACHMENT K**  
**CODE OF FEDERAL REGULATION PART 121**

Code of Federal Regulation Part 121 Website

<https://www.ecfr.gov/current/title-13/chapter-I/part-121>

## **ATTACHMENT L**

**SECTION 3 OF SMALL BUSINESS ACT 15 U.S.C. SECTION 632**

## SECTION 3 OF SMALL BUSINESS ACT 15 U.S.C. SECTION 632

<https://www.govinfo.gov/content/pkg/USCODE-2011-title15/pdf/USCODE-2011-title15-chap14A-sec632.pdf>