



**DBE / ACDBE INTERSTATE CERTIFICATION
AFFIDAVIT & SIGNATURE**

Carefully read the attached affidavit in its entirety. Enter the required information for each blank space. Once completed, please sign and date the affidavit in the presence of a Notary Public, who must then notarize the form. Supporting documents to be submitted at the time of the application:

- Completed 'notarized' Affidavit
- Past three years of Corporate Tax Returns
- Past three years of Personal Tax Returns

SECTION I: VERIFICATION INFORMATION

A. Prior/Other Certifications

If your firm currently certified in your home-state via a DOT certifying agency, indicate which certification you currently have:

DBE ACDBE

B. Prior/Other Applications and Privileges

Has your firm (under any name) or any of its owners, Board of Directors, officers, or management personnel, ever withdrawn an application for any of the programs listed above, ever been denied certification, decertified, debarred, suspended, or otherwise had bidding privileges denied or restricted by any local, state, or federal entity?

Yes No

If 'Yes,' identify the state where this occurred, list the name of the local, state, or federal agency, date of incident, and explain the nature of the action on a separate sheet:

Certification State: _____ Certification Agency: _____

Contact Name: _____

Contact Number: _____ Contact Email: _____

Date: _____

SECTION II: GENERAL INFORMATION

A. Contact Information

Contact Person & Title: _____

Legal Name of Firm: _____

Primary Ph.: _____ Alt. Ph.: _____ Fax: _____

Email: _____ Website: _____

Physical Address (No P.O. Box): _____

City, State: _____ County _____ Zip: _____

Mailing Address (If different): _____

City, State: _____ County _____ Zip: _____

B. Business Profile

Describe the primary activities of your firm.

Please list all NAICS codes you feel are applicable to your firm:

(Please use the following website to identify the proper six digit industry codes: www.census.gov/eos/www/naics/)

Federal Tax ID (If any): _____

Specify the gross receipts of the firm for the last three (3) years:

Year: _____ Total Receipts: \$ _____

Year: _____ Total Receipts: \$ _____

Year: _____ Total Receipts: \$ _____

List the ownership percentages of the firm for all owners:

AFFIDAVIT OF CERTIFICATION

Form must be signed and notarized for each owner upon which disadvantaged status is relied.

I/We, _____, swear or affirm under penalty of law that I am _____ (title) of the applicant firm _____ (firm name) and 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 included all material information necessary to fully and accurately identify and explain the operation, capabilities, and pertinent history of the named firms as well as the ownership, control, and affiliations thereof.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its place(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the recipient agency or Unified Certification Program (UCP) of any material change (e.g., ownership, address, telephone number, etc.). I acknowledge and agree that any misrepresentations in the application or in records pertaining to contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of verification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses. I further certify that my personal net worth does not exceed \$1.32 million dollars.

Date Executed: _____

Applicant Signature: _____

Notary Seal

Notary Certificate

Subscribed and sworn to before me this _____ day of _____, 20_____.

Signature: _____

County of _____,

State of _____

My Commission Expires: _____