

**HILLSBOROUGH COUNTY AVIATION AUTHORITY
DISADVANTAGED BUSINESS ENTERPRISE (DBE) PROGRAM**



Uniform Certification Application

DISADVANTAGED BUSINESS ENTERPRISE PROGRAM

49 CFR PART 26

Uniform Certification Application

ROADMAP FOR APPLICANTS

① **Should I apply?**

- Is your firm at least 51%-owned by a socially and economically disadvantaged individual(s) who also controls the firm?
- Is the disadvantaged owner a U.S. citizen or lawfully admitted permanent resident of the U.S.?
- Is your firm a small business that meets the Small Business Administration's (SBA's) size standard and does not exceed \$22,410,000 million in gross annual receipts?
- Is your firm organized as a for-profit business?

If you answered "Yes" to all of the questions above, you may be eligible to participate in the U.S. DOT DBE program.

② **Is there an easier way to apply?**

If currently certified by the SBA as an 8(a) and/or SDB firm, you may be eligible for a streamlined certification application process. Under this process, the certifying agency to which you are applying will accept your current SBA application package in lieu of requiring you to fill out and submit this form.

NOTE: You must still meet the requirements for the DBE program, including undergoing an on-site review.

③ **Be sure to attach all of the required documents listed in the Supporting Documents Check List at the end of this form with your completed application.**

④ **Where can I find more information?**

- U.S. DOT – <http://osdbuweb.dot.gov> (this site provides useful links to the rules and regulations governing the DBE program, questions and answers, and other pertinent information)
- SBA – <http://www.ntis.gov/naics> (provides a listing of NAICS codes) and http://www.sba.gov/size/indextableof_size.html (provides a listing of SIC codes)
- 49 CFR Part 26 (the rules and regulations governing the DBE program)

Under Sec. 26.107 of 49 CFR Part 26, dated February 2, 1999, if at any time, the Authority or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Authority may initiate suspension or debarment proceedings against the person or firm under 49 CFR Part 29, take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs

INSTRUCTIONS FOR COMPLETING THE DISADVANTAGED BUSINESS ENTERPRISE (DBE) PROGRAM UNIFIED CERTIFICATION APPLICATION NOTE: If you require additional space for any question in this application, please attach additional sheets or copies as needed, taking care to indicate on each attached sheet/copy the section and number of this application to which it refers.

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

Check the appropriate box indicating for which program your firm is currently certified. If certified as a DBE, indicate in the appropriate box the name of the certifying agency that has previously certified your firm, and indicate whether your firm has undergone an onsite visit. If your firm has already undergone an onsite visit/review, indicate the most recent date of that review and the state UCP certifying member that conducted the review.

NOTE: If currently certified under the SBA's 8(a) and/or SDB programs, you may not have to complete this application. You should contact your state UCP certifying member to find out about a streamlined application process for firms that are already certified under the 8(a) and SDB programs.

B. Prior/Other Applications and Privileges

Indicate whether your firm or any of the persons listed has ever withdrawn an application for a DBE program or an SBA 8(a) or SDB program, or whether any have ever been denied certification, decertified, debarred, suspended, or had bidding privileges denied or restricted by any state or local agency or Federal entity. If your answer is yes, indicate the date of such action, identify the name of the agency, and explain fully the nature of the action in the space provided.

Section 2: GENERAL INFORMATION

A. Contact Information

- (1) State the name and title of the person who will serve as your firm's primary contact under this application.
- (2) State the legal name of your firm, as indicated in your firm's Articles of Incorporation.
- (3) Indicate the primary phone number of your firm.
- (4) Indicate a secondary phone number, if any.
- (5) Indicate your firm's fax number, if any.
- (6) Indicate your firm's or your contact person's email address.
- (7) Indicate your firm's website address, if any.
- (8) State the street address of your firm (i.e. the physical location of its offices -- not a post office box address).
- (9) State the mailing address of your firm, if it is different from your firm's street address.

B. Business Profile

- (1) In the box provided, briefly describe the primary business and professional activities in which your firm engages.
- (2) Give the Federal Tax ID number of your firm as provided on your firm's filed tax returns, if you have one. This could also be the Social Security number of the owner of your firm.
- (3) Give the date on which your firm was officially established, as stated in your firm's Articles of Incorporation.
- (4) Give the date on which you and/or each other owner took ownership of the firm.

(5) Check the appropriate box that describes the manner in which you and each other owner acquired ownership of your firm. If you checked "Other," explain in the space provided.

(6) Check the appropriate box that indicates whether your firm is "for profit."

NOTE: If you checked "No," then you do NOT qualify for the DBE program and therefore do not need to complete the rest of this application. The DBE program requires all participating firms be for-profit enterprises.

(7) Check the appropriate box that describes the legal form of ownership of your firm, as indicated in your firm's Articles of Incorporation. If you checked "Other," briefly explain in the space provided.

(8) Check the appropriate box that indicates whether your firm has ever existed under different ownership, a different type of ownership, or a different name. If you checked "Yes," specify which and briefly explain the circumstances in the space provided.

(9) Indicate in the spaces provided how many employees your firm has, specifying the number of employees who work on a full-time and part-time basis.

(10) Specify the total gross receipts of your firm for each of the past three years, as declared in your firm's filed tax returns.

C. Relationships with Other Businesses

(1) Check the appropriate box that indicates whether your firm is co-located at any of its business locations, or whether your firm shares a telephone number(s), a post office box, any office space, a yard, warehouse, other facilities, any equipment, or any office staff with any other business, organization, or entity of any kind. If you answered "Yes," then specify the name of the other firm(s) and briefly explain the nature of the shared facilities or other items in the space provided.

(2) Check the appropriate box that indicates whether at present, or at any time in the past:

- (a) your firm has been a subsidiary of any other firm;
- (b) your firm consisted of a partnership in which one or more of the partners are other firms;
- (c) your firm has owned any percentage of any other firm; and
- (d) your firm has had any subsidiaries of its own.

(3) Check the appropriate box that indicates whether any other firm has ever had an ownership interest in your firm.

- (4) If you answered "Yes" to any of the questions in (2)(a)-(d) or (3), identify the name, address and type of business for each.

D. Immediate Family Member Businesses

Check the appropriate box that indicates whether any of your immediate family members own or manage another company. An "immediate family member" is any person who is your father, mother, husband, wife, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, mother-in-law, or father-in-law. If you answered "Yes," provide the name of each relative, your relationship to them, the name of the company they own or manage the type of business, and whether they own or manage the company.

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below (if your firm has more than one owner, provide completed copies of this section for each additional owner):

A. Background Information

- (1) Give the name of the owner.
- (2) State his/her title or position within your firm.
- (3) Give his/her home phone number.
- (4) State his/her home (street) address.
- (5) Check the appropriate box that indicates this owner's gender.
- (6) Check the appropriate box that indicates this owner's ethnicity (check all that apply). If you checked "Other," specify this owner's ethnic group/identity not otherwise listed.
- (7) Check the appropriate box to indicate whether this owner is a U.S. citizen.
- (8) If this owner is not a U.S. citizen, check the appropriate box that indicates whether this owner is a lawfully admitted permanent resident. If this owner is neither a U.S. citizen nor a lawfully admitted permanent resident of the U.S., then this owner is NOT eligible for certification as a DBE owner. This, however, does not necessarily disqualify your firm altogether from the DBE program if another owner is a U.S. citizen or lawfully admitted permanent resident and meets the program's other qualifying requirements.

B. Ownership Interest

- (1) State the number of years during which this owner has been an owner of your firm.
- (2) Indicate the dollar value of this owner's initial investment to acquire an ownership interest in your firm, broken down by cash, real estate, equipment, and/or other investment.
- (3) State the percentage of total ownership control of your firm that this owner possesses.
- (4) State the familial relationship of this owner to each other owner of your firm.
- (5) Indicate the number, percentage of the total, class, date acquired, and method by which this owner acquired his/her shares of stock in your firm.
- (6) Check the appropriate box that indicates whether this owner performs a management or supervisory function for any other business.

If you checked "Yes," state the name of the other business and this owner's title or function held in that business.

- (7) Check the appropriate box that indicates whether this owner owns or works for any other firm(s) that has any relationship with your firm. If you checked "Yes," identify the name of the other business and this owner's title or function held in that business. Briefly describe the nature of the business relationship in the space provided.

C. Disadvantaged Status

NOTE: You only need to complete this section for each owner that is applying for DBE qualification (i.e. for each owner who is claiming to be "socially and economically disadvantaged" and whose ownership interest is to be counted toward the control and 51% ownership requirements of the DBE program)

- (1) Indicate in the space provided the total Personal Net Worth (PNW) of each owner who is applying for DBE qualification. Use the PNW calculator form at the end of this application to compute each owner's PNW.
- (2) Check the appropriate box that indicates whether any trust has ever been created for the benefit of this disadvantaged owner. If you answered "Yes," briefly explain the nature, history, purpose, and current value of the trust(s).

Section 4: CONTROL

A. Identify your firm's Officers and Board of Directors:

- (1) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each officer of your firm.
- (2) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each individual serving on your firm's Board of Directors.
- (3) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above performs a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.
- (4) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the officer or director, and the nature of his/her business relationship with that other firm.

B. Identify your firm's management personnel (by name, title, ethnicity, and gender) who control your firm in the following areas:

- (1) Making of financial decisions on your firm's behalf, including the acquisition of lines of credit, surety bonds, supplies, etc.;
- (2) Estimating and bidding, including calculation of cost estimates, bid preparation and submission;

- (3) Negotiating and contract execution, including participation in any of your firm's negotiations and executing contracts on your firm's behalf;
- (4) Hiring and/or firing of management personnel, including interviewing and conducting performance evaluations;
- (5) Field/Production operations supervision, including site supervision, scheduling, project management services, etc.;
- (6) Office management;
- (7) Marketing and sales;
- (8) Purchasing of major equipment;
- (9) Signing company checks (for any purpose); and
- (10) Conducting any other financial transactions on your firm's behalf not otherwise listed.
- (11) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.
- (12) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the name of the person, and the nature of his/her business relationship with that other firm.

C. Indicate your firm's inventory in the following categories:

(1) Equipment

State the type, make and model, and current dollar value of each piece of equipment held and/or used by your firm. Indicate whether each piece is either owned or leased by your firm.

(2) Vehicles

State the type, make and model, and current dollar value of each motor vehicle held and/or used by your firm. Indicate whether each vehicle is either owned or leased by your firm.

(3) Office Space

State the street address of each office space held and/or used by your firm. Indicate whether your firm owns or leases the office space and the current dollar value of that property or its lease.

(4) Storage Space

State the street address of each storage space held and/or used by your firm. Indicate whether your firm owns or leases the storage space and the current dollar value of that property or its lease.

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

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

E. Financial Information

(1) Banking Information

- (a) State the name of your firm's bank.
- (b) Give the main phone number of your firm's bank branch.
- (c) Give the address of your firm's bank branch.

(2) Bonding Information

- (a) State your firm's Binder Number.
- (b) State the name of your firm's bond agent and/or broker.
- (c) Give your agent's/broker's phone number.
- (d) Give your agent's/broker's address.
- (e) State your firm's bonding limits (in dollars), specifying both the Aggregate and Project Limits.

F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of persons or firms securing the loan, if other than the listed owner:

State the name and address of each source, the original dollar amount and the current balance of each loan, and the purpose for which each loan was made to your firm.

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years:

Indicate in the spaces provided, the type of contribution or asset that was transferred, its current dollar value, the person or firm from whom it was transferred, the person or firm to whom it was transferred, the relationship between the two persons and/or firms, and the date of the transfer.

H. List current licenses/permits held by any owner or employee of your firm.

List the name of each person in your firm who holds a professional license or permit, the type of permit or license, the expiration date of the permit or license, and the license/permit number and issuing State of the license or permit.

I. List the three largest contracts completed by your firm in the past three years, if any.

List the name of each owner or contractor for each contract, the name and location of the projects under each contract, the type of work performed on each contract, and the dollar value of each contract.

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

For each active job listed, state the name of the prime contractor and the project number, the location, the type of work performed, the project start date, the anticipated completion date, and the dollar value of the contract.

AFFIDAVIT & SIGNATURE

Carefully read the attached affidavit in its entirety. Fill in the required information for each blank space, and sign and date the affidavit in the presence of a Notary Public, who must then notarize the form.

DBE UNIFIED CERTIFICATION APPLICATION SUPPORTING DOCUMENTS CHECKLIST

In order to complete the DBE application, attach copies of the following documents, as they apply to all owners and the firm:

All Applicants

- A Florida UCP Personal Net Worth Statement (PNW) for **each** owner claiming disadvantaged status (one copy included with this application). "Joint PNW" **NOT** permitted
- Personal tax returns, including all related Schedules, for the past three years for each owner claiming disadvantaged status
- Two documents, for each owner claiming disadvantaged status, that support U.S. Citizenship or permanent resident alien status; ethnicity and, **if applying as a female owned business**, sex. Acceptable documents include birth certificate, passport, resident alien card, and Native American Tribal Documents. (Submission of voter registration card or drivers license may be acceptable in certain instances)
- A work experience resume (include self-employment and other business enterprises; include specific dates and locations) for all owners and officers of your firm
- Business & professional licenses & certifications, license renewal forms, permits, and haul authority forms.
- DBE, SBA 8(a) or SDB certifications, denials and de-certifications, if applicable
- Copies of the relevant pages from the two largest contracts or other agreements executed during the past year. **Send ONLY those pages identifying the project, the scope of services performed and appropriate signatures.**
- A description of all real estate (office/storage space, etc.) owned or leased by your firm, together with proof of ownership or **ONLY** those pages from lease/rental agreement(s) reflecting landlord-tenant, term of lease and signatures. **If a home office, provide proof of ownership or rental.**
- Line of Credit Agreements, commercial loan agreements, security agreements, and bonding applications
- All bank authorizations, signature cards and corporate resolutions. **Letters from all financial institutions attesting to the names of those individuals authorized to draw on business funds and any restrictions, i.e. two signatures required, may substitute signature cards**
- A list of leased equipment, together with signed leasing agreement(s)
- A list of owned equipment, including computer software and vehicles (provide all vehicle titles and registrations)
- Documented proof of any transfer of assets to or from your firm and/or to or from any of the owners over the past two years
- Trust agreements held by any owner claiming disadvantaged status.

Note: Non-Florida resident businesses MUST be DBE Certified by their "home state" Department of Transportation or UCP.

Partnership or Joint Venture

- Social security Number as it appears on Schedule C Tax Return for sole proprietorships and partnerships.
- Original and any amended Partnership or Joint Venture Agreements.

Corporation or LLC

- "For Profit Corporation Uniform Business Reports" issued by the Secretary of State for the past three years, and/or a "Fictitious Name Certificate" (required for all sole proprietorships and partnerships).
- Articles of Incorporation and amendments (signed by state official)

- Corporate By-Laws and all amendments
- All Minutes from Stockholder and Board of Directors meetings
- Both sides of all corporate stock certificates and a current stock transfer ledger
- Shareholder Agreements
- Documents supporting the capital contributed, or investment, by every owner, substantiating their individual ownership percentages (may include copies of canceled checks or other documents to support stock purchase, various start-up costs, purchasing an existing business or equipment, etc.). **Expertise must be quantified, and have specific and clearly identifiable value to the business.**
- For Limited Liability Corporations, the Articles of Organization or Certificate of Formation, Operating Agreement, together with Amendments, and all member certificates

Trucking Company

- Insurance agreements for each truck owned or operated by your firm.
- Title(s)/registration(s) certificate for each truck owned or operated by your firm
- List of U.S. DOT numbers for each truck owned or operated by your firm

Regular Dealer/Material Supplier

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

Financial Information (All Firms)

- Business tax returns for the applicant firm, including all related schedules, for the past three years (or life of firm, if less than three years)
- Year-end balance sheets and income statements for the past three years (or life of firm, if less than three years); a new firm **must** provide a current balance sheet
- A schedule of salaries (or other compensation or remuneration) paid to all key employees, lead workers, officers, managers, owners, officers and/or directors of the firm.
- Tax returns, including all related Schedules, from any other business that is an *affiliate* of the applicant firm, for the past three years (or life of firm, if less than three years).

Affiliate means:

- (1) *The owner(s) of the applicant firm own, control or have the power to control 50% or more of the voting stock of another company;*
- (2) *the By-Laws of the applicant firm allow a stockholder with less than 50% of the voting stock (who also controls another company) to block any actions taken by other stockholders;*
- (3) *the owner(s) having control of the applicant firm have the ability to control another company through stock options, Articles of Incorporation, By-Laws, voting trusts, convertible debentures, agreements to merge or other third party agreements;*
- (4) *other individuals or firms have the ability to control the applicant company for the same reasons as listed in (3);*
- (5) *the applicant firm shares common Officers, Directors or key employees with any other business, such that either firm has the ability to control the Board of Directors and/or the management of the other;*
- (6) *the applicant firm is dependant upon another business for contracts, financial or other business assistance, or another business is likewise dependant on the applicant firm or*
- (7) *the owner(s) of the applicant firm have a family member who has a controlling interest in another business, and the two firms share employees, facilities, Officers, Directors owners or engage in inter-business transactions.*

CAUTION: Your application is incomplete without all support documents. Failing to provide all these documents initially will necessitate additional processing time. At any time, the Authority may request other documents it deems necessary for DBE certification and/or continuing eligibility for the DBE Program.

Hillsborough County Aviation Authority

Hillsborough County Aviation Authority collects social security numbers for the following purposes to include but not limited to: classification of accounts; identification and verification; DBE Certification * ; security threat assessment; criminal history verification; billing and payments; data collection; tracking; benefits processing; tax reporting; and employment related purposes to include (background checks, drug screening, verification of educational credentials, prior military service and past employment, credit score verification, I-9 verification, new hire and unemployment reporting, Workers Compensation reporting, payroll processing and reporting, and any other legitimate employment related purposes). Social security numbers are also used as a unique numeric identifier and may be used for search purposes.

* = DBE records are exempt from public disclosure per Federal Regulations.

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

**HILLSBOROUGH COUNTY AVIATION AUTHORITY
P. O. BOX 22287
TAMPA, FL 33622-2287**

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

Is your firm currently certified for any of the following programs? <i>(If Yes, check appropriate box(s))</i>	<input type="checkbox"/> DBE	Name of certifying agency:
		Has your firm's state UCP conducted an on-site visit?
		<input type="checkbox"/> Yes, on ___/___/___ State: _____ <input type="checkbox"/> No
	<input type="checkbox"/> 8(a)	ⓧ STOP! If you checked either the 8(a) or SDB box, you <u>may not</u> have to complete this application. Ask your state UCP about the streamlined application process under the SBA-DOT MOU.
<input type="checkbox"/> SDB		

B. Prior/Other Applications and Privileges

Has your firm (under any name) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application for any of the programs listed above, or ever been denied certification, decertified, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity? <input type="checkbox"/> Yes, on ___/___/___ <input type="checkbox"/> No If Yes, identify State and name of state, local, or Federal agency and explain the nature of the action: _____ _____

Section 2: GENERAL INFORMATION

A. Contact Information

(1) Contact Person and Title:	(2) Legal Name of Firm:			
(3) Phone #:	(4) Other Phone #:	(5) Fax #:		
(6) E-mail:	(7) Website <i>(If applicable)</i> :			
(8) Street Address of Firm <i>(No P.O. Box)</i> :	City:	County/Parish:	State:	Zip:
(9) Mailing Address of Firm <i>(if different)</i> :	City:	County/Parish:	State:	Zip:

B. Business Profile

(1) Describe the primary activities of your firm:	(2) Federal Tax ID (if any)
(3) This firm was established on ___/___/___	(4) I/We have owned this firm since: ___/___/___
(5) Method of Acquisition <i>(Check all that apply)</i> : <input type="checkbox"/> Started New Business <input type="checkbox"/> Bought Existing Business <input type="checkbox"/> Inherited Business <input type="checkbox"/> Secured Concession <input type="checkbox"/> Merger or Consolidation <input type="checkbox"/> Other <i>(Explain)</i> _____	
(6) Is your firm "for profit"? <input type="checkbox"/> Yes <input type="checkbox"/> No	ⓧ STOP! If your firm is NOT for-profit, then you do NOT qualify for this program and do NOT need to fill out this application.

(7) Type of Firm (Check all that apply):

- Sole Proprietorship
- Partnership
- Corporation
- Limited Liability Partnership
- Limited Liability Corporation
- Joint Venture
- Other, Describe: _____

(8) Has your firm ever existed under different ownership, a different type of ownership, or a different name?

- Yes No

If Yes, explain: _____

(9) Number of employees: Full-time _____ Part-time _____ Total _____

(10) Specify the gross receipts of the firm for the last 3 years: Year _____ Total receipts \$ _____
Year _____ Total receipts \$ _____
Year _____ Total receipts \$ _____

C. Relationships With Other Businesses

(1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff, with any other business, organization, or entity?

- Yes No

If Yes, identify: Other Firm's name: _____

Explain nature of shared facilities: _____

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

(a) been a subsidiary of any other firm? Yes No

(b) consisted of a partnership in which one or more of the partners are other firms? Yes No

(c) owned any percentage of any other firm? Yes No

(d) had any subsidiaries? Yes No

(3) Has any other firm had an ownership interest in your firm at present or at any time in the past?

- Yes No

(4) If you answered "Yes" to any of the questions in (2)(a)-(d) and/or (3), identify the following for each (Attach additional sheets, if needed):

	<u>Name</u>	<u>Address</u>	<u>Type of Business</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

D. Immediate Family Member Businesses

Do any of your immediate family members own or manage another company? Yes No

If Yes, then list (Attach additional sheets, if needed):

	<u>Name</u>	<u>Relationship</u>	<u>Company</u>	<u>Type of Business</u>	<u>Own or Manage?</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

Section 3: OWNERSHIP

[Owner # 2]

A. Background Information

(1) Name:	(2) Title:	(3) Home Phone #:
(4) Home Address (<i>Street and number</i>):		
	City:	State: Zip:
(5) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	(6) Ethnic group membership (<i>Check all that apply</i>): <input type="checkbox"/> Black	
(7) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific	
(8) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Other (Specify) _____	

B. Ownership Interest

(1) Number of years as owner:	(2) Initial investment <u>Type</u> <u>Dollar Value</u>
(3) Percentage owned:	to acquire ownership Cash <input type="checkbox"/> \$
(4) Familial relationship to other owners:	interest in firm: Real Estate <input type="checkbox"/> \$
	Equipment <input type="checkbox"/> \$
	Other <input type="checkbox"/> \$
(5) Shares of Stock: <u>Number</u> <u>Percentage</u> <u>Class</u> <u>Date acquired</u> <u>Method Acquired</u>	

(6) Does this owner perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, identify: Name of Business: _____ Function/Title: _____	
(7) Does this owner own or work for any other firm that has a relationship with this firm (<i>e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, identify: Name of Business: _____ Function/Title: _____	
Nature of Business Relationship: _____	

C. Disadvantaged Status – NOTE: Complete this section for each owner applying for DBE qualification (i.e. for each owner claiming to be socially and economically disadvantaged)

(1) What is the Personal Net Worth (PNW) of this owner? (<i>Use and attach ONLY the Personal Financial Statement form found at the end of this application; if not claiming Disadvantaged Status, this owner need not complete a PNW statement or provide his or her personal tax returns.</i>)
(2) Has any trust been created for the benefit of this owner? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, explain (<i>Attach additional sheets, if needed</i>):
-

Section 3: OWNERSHIP

[Owner # 3]

A. Background Information

(1) Name:	(2) Title:	(3) Home Phone #:
(4) Home Address (<i>Street and number</i>):		
City:	State:	Zip:
(5) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	(6) Ethnic group membership (<i>Check all that apply</i>): <input type="checkbox"/> Black	
(7) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific	
(8) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Other (Specify) _____	

B. Ownership Interest

(1) Number of years as owner:	(2) Initial investment <u>Type</u> <u>Dollar Value</u>
(3) Percentage owned:	to acquire ownership <input type="checkbox"/> Cash <input type="checkbox"/> \$
(4) Familial relationship to other owners:	interest in firm: <input type="checkbox"/> Real Estate <input type="checkbox"/> \$
	<input type="checkbox"/> Equipment <input type="checkbox"/> \$
	<input type="checkbox"/> Other <input type="checkbox"/> \$
(5) Shares of Stock: <u>Number</u> <u>Percentage</u> <u>Class</u> <u>Date acquired</u> <u>Method Acquired</u>	

(6) Does this owner perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, identify: Name of Business: _____ Function/Title: _____	
(7) Does this owner own or work for any other firm that has a relationship with this firm? (<i>e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, identify: Name of Business: _____ Function/Title: _____	
Nature of Business Relationship: _____	

C. Disadvantaged Status – NOTE: Complete this section for each owner applying for DBE qualification (i.e. for each owner claiming to be socially and economically disadvantaged)

(1) What is the Personal Net Worth (PNW) of this owner? (<i>Use and attach ONLY the Personal Financial Statement form found at the end of this application; if not claiming Disadvantaged Status, this owner need not complete a PNW statement or provide his or her personal tax returns.</i>)
(2) Has any trust been created for the benefit of this owner? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, explain (<i>Attach additional sheets, if needed</i>):

Section 3: OWNERSHIP

[Owner # 4]

A. Background Information

(1) Name:	(2) Title:	(3) Home Phone #:
(4) Home Address (<i>Street and number</i>):		
	City:	State: Zip:
(5) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	(6) Ethnic group membership (<i>Check all that apply</i>): <input type="checkbox"/> Black	
(7) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific	
(8) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Other (Specify) _____	

B. Ownership Interest

(1) Number of years as owner:	(2) Initial investment <u>Type</u> <u>Dollar Value</u>
(3) Percentage owned:	to acquire ownership Cash <input type="checkbox"/> \$
(4) Familial relationship to other owners:	interest in firm: Real Estate <input type="checkbox"/> \$
	Equipment <input type="checkbox"/> \$
	Other <input type="checkbox"/> \$
(5) Shares of Stock: <u>Number</u> <u>Percentage</u> <u>Class</u> <u>Date acquired</u> <u>Method Acquired</u>	
(6) Does this owner perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Name of Business: _____ Function/Title: _____	
(7) Does this owner own or work for any other firm that has a relationship with this firm? (<i>e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Name of Business: _____ Function/Title: _____ Nature of Business Relationship: _____	

C. Disadvantaged Status – NOTE: Complete this section for each owner applying for DBE qualification (i.e. for each owner claiming to be socially and economically disadvantaged)

(1) What is the Personal Net Worth (PNW) of this owner? (<i>Use and attach ONLY the Personal Financial Statement form found at the end of this application; if not claiming Disadvantaged Status, this owner need not complete a PNW statement or provide his or her personal tax returns.</i>)
(2) Has any trust been created for the benefit of this owner? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain (<i>Attach additional sheets, if needed</i>):

Section 3: OWNERSHIP

[Owner # _____]

A. Background Information

(1) Name:	(2) Title:	(3) Home Phone #:
(4) Home Address (<i>Street and number</i>): _____ City: _____ State: _____ Zip: _____		
(5) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	(6) Ethnic group membership (<i>Check all that apply</i>): <input type="checkbox"/> Black	
(7) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific	
(8) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Other (Specify) _____	

B. Ownership Interest

(1) Number of years as owner:	(2) Initial investment <u>Type</u> <u>Dollar Value</u>
(3) Percentage owned:	to acquire ownership Cash <input type="checkbox"/> \$
(4) Familial relationship to other owners:	interest in firm: Real Estate <input type="checkbox"/> \$
	Equipment <input type="checkbox"/> \$
	Other <input type="checkbox"/> \$
(5) Shares of Stock: <u>Number</u> <u>Percentage</u> <u>Class</u> <u>Date acquired</u> <u>Method Acquired</u>	

(6) Does this owner perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, identify: Name of Business: _____ Function/Title: _____	
(7) Does this owner own or work for any other firm that has a relationship with this firm? (<i>e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, identify: Name of Business: _____ Function/Title: _____	
Nature of Business Relationship: _____	

C. Disadvantaged Status – NOTE: Complete this section for each owner applying for DBE qualification (i.e. for each owner claiming to be socially and economically disadvantaged)

(1) What is the Personal Net Worth (PNW) of this owner? (<i>Use and attach ONLY the Personal Financial Statement form found at the end of this application; if not claiming Disadvantaged Status, this owner need not complete a PNW statement or provide his or her personal tax returns.</i>)
(2) Has any trust been created for the benefit of this owner? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, explain (<i>Attach additional sheets, if needed</i>):

Section 4: CONTROL

A. Identify Your Firm's Officers & Board of Directors *(If additional space is required, attach a separate sheet):*

	Name	Title	Date Appointed	Ethnicity	Gender
(1) Officers of the Company	(a)				
	(b)				
	(c)				
	(d)				
	(e)				
(2) Board of Directors	(a)				
	(b)				
	(c)				
	(d)				
	(e)				

(3) Do any of the persons listed in (1) and/or (2) above perform a management or supervisory function for any other business? Yes No

If Yes, identify for each: Person: _____ Title: _____

Business: _____ Function: _____

(4) Do any of the persons listed (1) and/or (2) above own or work for any other firm that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? Yes No

If Yes, identify for each: Firm Name: _____ Person: _____

Nature of Business Relationship: _____

B. Identify your firm's management personnel who control your firm in the following areas *(If more than two persons, attach a separate sheet):*

	Name	Title	Ethnicity	Gender
(1) Financial Decisions <i>(responsibility for acquisition of lines of credit, surety bonding, supplies, etc.)</i>	a.			
	b.			
(2) Estimating and bidding	a.			
	b.			
(3) Negotiating and Contract Execution	a.			
	b.			
(4) Hiring/firing of management personnel	a.			
	b.			
(5) Field/Production Operations Supervisor	a.			
	b.			
(6) Office management	a.			
	b.			
(7) Marketing/Sales	a.			
	b.			
(8) Purchasing of major equipment	a.			
	b.			
(9) Authorized to Sign Company Checks (for any purpose)	a.			
	b.			
(10) Authorized to make Financial Transactions	a.			
	b.			

(11) Do any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business? Yes No

If Yes, identify for each: Person: _____ Title: _____

Business: _____ Function: _____

(12) Do any of the persons listed in (1) through (10) above own or work for any other firm that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)?

Yes No

If Yes, identify for each: Firm Name: _____ Person: _____

Nature of Business Relationship: _____

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

(1) Equipment

Type of Equipment	Make/Model	Current Value	Owned or Leased?
(a)			
(b)			
(c)			

(2) Vehicles

Type of Vehicle	Make/Model	Current Value	Owned or Leased?
(a)			
(b)			
(c)			

3) Office Space

Street Address	Owned or Leased?	Current Value of Property or Lease
(a)		
(b)		

(4) Storage Space

Street Address	Owned or Leased?	Current Value of Property or Lease
(a)		
(b)		

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

Yes No

If Yes, explain:

E. Financial Information

(1) Banking Information:

(a) Name of bank: _____ (b) Phone No: () _____
 (c) Address of bank: _____ City: _____ State: _____ Zip _____

(2) Bonding Information: If you have bonding capacity, identify:

(a) Binder No: _____
 (b) Name of agent/broker _____ (c) Phone No: () _____
 (d) Address of agent/broker: _____ City: _____ State: _____ Zip _____
 (e) Bonding limit: Aggregate limit \$ _____ Project limit \$ _____

F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of any persons or firms securing the loan, if other than the listed owner:

Name of Source	Address of Source	Name of Person Securing the Loan	Original Amount	Current Balance	Purpose of Loan
1.					
2.					
3.					

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

Contribution/Asset	Dollar Value	From Whom Transferred	To Whom Transferred	Relationship	Date of Transfer
1.					
2.					
3.					

H. List current licenses/permits held by any owner and/or employee of your firm (e.g. contractor, engineer, architect, etc.) (Attach additional sheets, if needed):

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

I. List the three largest contracts completed by your firm in the past three years, if any:

Name of Owner/Contractor	Name/Location of Project	Type of Work Performed	Dollar Value of Contract
1.			
2.			
3.			

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

Name of Prime Contractor and Project Number	Location of Project	Type of Work	Project Start Date	Anticipated Completion Date	Dollar Value of Contract
1.					
2.					
3.					

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AFFIDAVIT OF CERTIFICATION

Each owner claiming "Disadvantaged Status" must complete this form, and have his or her signature properly notarized.

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 _____ (firm name). I have read and understand all of the questions in this application. All of the foregoing information and statements submitted in this application, its attachments and supporting documents are true and correct to the best of my knowledge. 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 purposes 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. 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 purposes of verifying the information supplied and determining the named firm's eligibility.

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

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

I agree to provide written notice to the recipient agency or Unified Certification Program (UCP) of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract that may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I certify that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Disadvantaged Business Enterprise (DBE). In support of my application, I certify that I am a member of one of the following groups, and that I have held myself out as a member of the group(s) (circle all that apply):

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.

- | | | |
|---|--|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Black American | <input type="checkbox"/> Hispanic American |
| <input type="checkbox"/> Asian-Pacific American | <input type="checkbox"/> Subcontinent Asian American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Other (specify) _____ | | |

I further certify that my personal net worth does not exceed \$750,000, and that my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business and who are not socially and economically disadvantaged.

I declare, under penalty of perjury, that the information provided in this application and the supporting documents relating to my disadvantaged status and me personally are true and correct.

Signature: _____ Date: _____

NOTARY CERTIFICATE:

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____ 20____ by

(Name of person making statement)

(Signature of Notary Public-State of _____)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally known _____ OR produced identification. _____ Type
of Identification Produced _____

**STATE OF FLORIDA
UNIFIED CERTIFICATION PROGRAM
STATEMENT OF PERSONAL NET WORTH**

PERSONAL INFORMATION	
Name	
Address	
Phone	Business Phone
Business Name	
Business Address	

AFFIDAVIT AND AUTHORIZATION

THE UNDERSIGNED SWEARS OR AFFIRMS THAT THIS STATEMENT IS A TRUE AND ACCURATE REPRESENTATION OF THEIR PERSONAL NET WORTH.

THIS STATEMENT MEETS THE REQUIREMENTS OF 49 CFR, PART 26 AND BECOMES PART OF THE APPLICATION FOR DBE CERTIFICATION.

DOCUMENTS USED IN PREPARING THIS STATEMENT SHALL BE MAINTAINED BY THE UNDERSIGNED, AND WILL BE MADE AVAILABLE UPON REQUEST. IF A CPA OR OTHER THIRD PARTY PREPARED THIS FORM, THE INDIVIDUAL WHOSE NET WORTH IS BEING REPORTED ATTESTS TO HAVING REVIEWED IT, AND THAT IT IS ACCURATE.

ANY MATERIAL MISREPRESENTATION WILL BE GROUNDS FOR INITIATING ACTIONS UNDER FEDERAL OR STATE LAWS CONCERNING FALSE STATEMENTS.

OWNER'S SIGNATURE _____

STATE OF _____, COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20__

BY _____ (name of affiant) HE/SHE PERSONALLY

KNOWN TO ME OR HAS PRODUCED _____ AS IDENTIFICATION.

In witness thereof, I hereunto set my hand and official seal

Notary Public

My commission expires

COMPLETING AN UP-TO-DATE PERSONAL NET WORTH STATEMENT

(Personal Net Worth Statements and Related Financial Information Are Not Subject To Public Disclosure Laws)

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

Each owner claiming disadvantaged status must provide his or her own individual Personal Net Worth statement and complete personal tax returns

Married owners, both claiming disadvantaged status, must provide individual Personal Net Worth statements. Joint statements are not acceptable. However, a single set of complete “joint” tax returns is acceptable in this situation.

Carefully read the description provided in the heading of each Section.

You **must** complete all asset and liability sections (1 through 12) and transfer the totals from each section to the **Summary Page**. For any section where no asset or liability exists, you may indicate “*Not Applicable*,” and enter zero(s) on the summary page. If you require more space in any section, attach additional sheets, and reference the appropriate section number and heading.

If you hold any asset or liability jointly, you, the disadvantaged individual, need only reflect the value of your individual share.

SECTION 1: CASH ON HAND & IN BANKS

This is the total amount of your cash on hand, including funds deposited in U.S and Foreign financial institutions. This includes, but is not limited to, funds accumulated in savings accounts, checking accounts, certificates of deposit and money market accounts.

NAME OF FINANCIAL INSTITUTION	ACCOUNT TYPE	OWNERSHIP %	AMOUNT
			\$
CASH			

TOTAL CASH (Summary Line 1): \$ _____

SECTION 2: IRA OR OTHER RETIREMENT ACCOUNTS

Individual and other retirement accounts include any fund representing an IRA, an employer/employee funded program such as a 401K or any other retirement plan. This includes the individual and employer contributions made to the plan.

NAME OF COMPANY OR INSTITUTION HOLDER	CURRENT VALUE

TOTAL RETIREMENT ACCOUNTS (Summary Line 2): \$ _____

SECTION 3: LIFE INSURANCE - CASH SURRENDER VALUE

The CASH SURRENDER VALUE of any life insurance policies you own. Indicate any loans against the policies.

NAME OF INSURANCE COMPANY	CASH VALUE	LOAN AMOUNT
	\$	\$
	\$	\$
	\$	\$

TOTAL CASH VALUE (Summary Line 3): \$ _____

TOTAL LOANS OUTSTANDING (Summary Line 13): \$ _____

SECTION 4: STOCKS, BONDS, AND OTHER SECURITIES

List the value of your investment in stocks, bonds, securities, and any other investments not covered in previous sections. **DO NOT INCLUDE THE VALUE OF STOCK IN THE APPLICANT BUSINESS.**

TRUSTEE OR BROKERAGE ACCOUNT	OWNERSHIP %	MARKET VALUE
		\$
		\$
		\$

TOTAL STOCKS, BONDS & SECURITIES (Summary Line 4): \$ _____

SECTION 5: CURRENT FAIR MARKET VALUE OF OTHER BUSINESS INTERESTS

If you own more than 5% of any other business, you must declare the current fair market value of your interest in each business. Use the most recent financial statement to determine the value of your ownership interest(s) in the business(s).

NAME OF BUSINESS	CURRENT VALUE OF YOUR OWNERSHIP
1.	\$
2.	\$
3.	\$

TOTAL VALUE OF OWNERSHIP (Summary Line 5): \$ _____

SECTION 6: REAL ESTATE

DO NOT LIST YOUR PRIMARY RESIDENCE OR ANY MORTGAGE OR OTHER LOAN(S) AGAINST YOUR PRIMARY RESIDENCE. List all other residential and business property at current market value. This includes, but is not limited to, rental homes, condominiums, beach homes, and second homes as investments, personal property leased or rented for business purposes, farm properties or any other income producing land or property. List all mortgages against these real properties. (Use additional sheet, as necessary. Identify all lending institutions on a separate sheet)

ADDRESS (Include State and County)	TYPE OF USE	YOUR OWNERSHIP %	MARKET VALUE	MORTGAGE BALANCE

TOTAL REAL ESTATE MARKET VALUE (Summary Line 6): \$ _____

TOTAL BALANCE OF MORTGAGE LOAN(S) (Summary Line 14): \$ _____

SECTION 7: PERSONAL VEHICLES

List all personal autos, trucks, boats, and recreational vehicles owned at current market value. Include personally owned vehicles leased or rented to businesses or other individuals. Include any loan balances against these personal vehicles.

YEAR AND DESCRIPTION	OWNERSHIP %	CURRENT VALUE	NOTE BALANCE

TOTAL VALUE (Summary Line 7): \$ _____

TOTAL LOAN BALANCE (Summary Line 12): \$ _____

SECTION 8: OTHER PERSONAL PROPERTY

Personal Property includes household goods, computers, electronic equipment, jewelry, antiques and collections, etc. at their current market value. You must retain your compilation list, but you need only provide the total below. Calculate only the value of your share of ownership. For example, if the total value is \$100, and your share is one-half, you would list \$50 as the Total.

TOTAL OTHER PERSONAL PROPERTY (Summary Line 8) \$ _____

SECTION 9: OTHER ASSETS

The market value of any other assets you own that do not fit into one of the foregoing sections.

DESCRIPTION OF ASSETS	VALUE

TOTAL OTHER ASSETS (Summary Line 9): \$ _____

SECTION 10: ACCOUNTS PAYABLE

Accounts Payable includes credit card debt and store accounts not associated with the applicant firm and other accounts payable by you personally. Do not include payables listed in other sections.

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT

TOTAL ACCOUNTS PAYABLE (Summary Line 10): \$ _____

SECTION 11: NOTES PAYABLE

Include the current balances of any personal loans that are not reflected elsewhere in this document and other personal debt guaranteed by your signature. Shareholder loans must be in the form of a written agreement, with defined interest and a repayment schedule. **DO NOT INCLUDE BUSINESS RELATED NOTES FOR WHICH YOU ARE, IN ANY WAY, PERSONALLY RESPONSIBLE.**

DESCRIPTION OF LOAN	AMOUNT

TOTAL NOTES PAYABLE (Summary Line 11): \$ _____

SECTION 12 UNPAID TAXES

Include your portion of any obligation for unpaid taxes, i.e. Federal, state, or county property assessments.

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT

TOTAL UNPAID TAXES (Summary Line 15): \$ _____

SECTION 13: OTHER LIABILITIES

Include your share of any liability not previously accounted for in this statement. **DO NOT LIST ANY CONTINGENT OR DEFERRED LIABILITIES. DO NOT LIST ANY APPLICANT BUSINESS LIABILITIES.**

DESCRIPTION	AMOUNT

TOTAL OTHER LIABILITIES (Summary Line 16): \$ _____

A. In the last two years, has this owner transferred any asset to the spouse, or other individual, or has this owner established any trust accounts?

No

Yes *(If "Yes," provide a statement describing the items transferred and market cost. Provide a copy of written documents applicable.)*

**NET WORTH SUMMARY PAGE
FLORIDA UNIFIED CERTIFICATION PROGRAM**

PERSONAL NET WORTH OF _____
(PRINTED NAME OF INDIVIDUAL)

AS OF: _____
(DATE)

ASSETS	DOLLAR VALUE
1. Cash (Total Section 1)	\$ _____
2. Retirement Accounts (Total Section 2)	_____
3. Life Insurance (Total Section 3)	_____
4. Stocks, Bonds, and Other Securities (Total Section 4)	_____
5. Fair Market Value of Other Business(s) (Total Section 5)	_____
6. Real Estate (Total Section 6)	_____
7. Personal Vehicles (Total Section 7)	_____
8. Other Personal Property (Total Section 8)	_____
9. Other Assets (Total Section 9)	_____
TOTAL ASSETS	\$ _____
LIABILITIES	DOLLAR VALUE
10. Accounts Payable (Total Section 10)	\$ _____
11. Notes Payable (Total Section 11)	_____
12. Notes on Personal Vehicles (Total Section 7)	_____
13. Loans against Life Insurance (Total Section 3)	_____
14. Real Estate Mortgage(s) (Total Section 6)	_____
15. Unpaid Taxes (Total from Section 12)	_____
16. Other Liabilities (Total Section 13)	_____
TOTAL LIABILITIES	\$ _____
NET WORTH (Total Assets, Minus Total Liabilities)	\$ _____