



Southeastern Pennsylvania Transportation Authority

DBE Program Office • Business Services Division

Small Business Enterprise Verification Application

49 C.F.R. Part 26

All firms wishing to verify its status as a Small Business Enterprise (SBE) must complete this application and submit it to the Southeastern Pennsylvania Transportation Authority (SEPTA) for review and determination of its eligibility.

Completed applications are to be forwarded to:

Southeastern Pennsylvania Transportation Authority
DBE Program Office
1234 Market Street, 11th Floor
Philadelphia, PA 19107-3708
(215) 580-7278

Should I apply?

- Is the firm at least 51%-owned by an 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 the firm a small business that meets the Small Business Administration's (SBA's) size standard and does not exceed \$22.41 million in gross annual receipts?
- Is the firm organized as a for-profit business?

⇒ If you answered Yes to all of the questions above, you may be eligible to participate in SEPTA's SBE program.

If the firm is currently certified as a Disadvantaged Business Enterprise (DBE), you do not have to complete this application. All DBEs are automatically considered SBEs.

Verification is **free**. There is **no fee** for applying for SBE verification with SEPTA.

Under Sec. 26.107 of 49 CFR Part 26, dated February 2, 1999, if at any time, SEPTA has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, SEPTA 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.

GENERAL INFORMATION

Is the firm "for profit"? <input type="checkbox"/> Yes <input type="checkbox"/> No	⊗ STOP! If the firm is NOT for-profit, then you do NOT qualify for this program and do NOT need to fill out this application.
Is the firm currently certified for either of the following programs? <input type="checkbox"/> 8(a) <input type="checkbox"/> SDB <i>(If Yes, check appropriate box(es).)</i>	

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:			
(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. Prior/Other Applications and Privileges

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Has the firm (under any name) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application for any program, or ever been denied certification, decertified, debarred, suspended, or otherwise had bidding privileges denied or restricted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

(1) Describe the primary activities of the firm including NAICS codes:	(2) Federal Tax ID No.:
(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) Type of firm <i>(check all that apply)</i> : <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other, Describe: _____	
(7) Number of employees: Full-time _____ Part-time _____ Total _____	

D. Relationships with Other Businesses

(1) Is the 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 the firm:	(a) been a subsidiary of any other firm? <input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) consisted of a partnership in which one or more of the partners are other firms? <input type="checkbox"/> Yes <input type="checkbox"/> No
	(c) owned any percentage of any other firm? <input type="checkbox"/> Yes <input type="checkbox"/> No
	(d) had any subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No

(3) Has any other firm had an ownership interest in the 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:

	<u>Name</u>	<u>Address</u>	<u>Type of Business</u>
1.			
2.			
3.			
4.			
5.			

OWNERSHIP

Identify all individuals or holding companies with any ownership interest in the firm, providing the information requested below: (If more than two owners, attach separate sheets for additional owners.)

Owner #1

(1) Name:	(2) Title:	(3) Home Phone #:		
(4) Home Address (<i>street and number</i>):				
	City:	State: Zip:		
(5) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	(9) Initial investment to acquire ownership interest in firm:			
(6) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No			<u>Type</u>	<u>Dollar Value</u>
(7) Number of years as owner:			Cash	\$
(8) Percentage owned:			Real Estate	\$
			Equipment	\$
	Other	\$		
(10) Shares of Stock:				
<u>Number</u>	<u>Percentage</u>	<u>Class</u>		
		<u>Date acquired</u>		
		<u>Method Acquired</u>		
(11) 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: _____				
(12) Does this owner own or work for any other firm(s) that has a relationship with this firm (<i>e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, identify: Name of Business: _____ Function/Title: _____				
Nature of Business Relationship: _____				

Owner #2 (if applicable)

(1) Name:	(2) Title:	(3) Home Phone #:		
(4) Home Address (<i>street and number</i>):				
	City:	State: Zip:		
(5) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	(9) Initial investment to acquire ownership interest in firm:			
(6) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No			<u>Type</u>	<u>Dollar Value</u>
(7) Number of years as owner:			Cash	\$
(8) Percentage owned:			Real Estate	\$
			Equipment	\$
	Other	\$		
(10) Shares of Stock:				
<u>Number</u>	<u>Percentage</u>	<u>Class</u>		
		<u>Date acquired</u>		
		<u>Method Acquired</u>		
(11) 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: _____				
(12) Does this owner own or work for any other firm(s) that has a relationship with this firm (<i>e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, identify: Name of Business: _____ Function/Title: _____				
Nature of Business Relationship: _____				

CONTROL

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

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

B. Identify the firm's management personnel who control the firm in the following areas

(If more than two persons, attach a separate sheet):

	Name	Title
(1) Financial Decisions <i>(responsible 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)	

Do any of the persons listed in (A1) through (B10) above perform a management or supervisory function for any other business? Yes No

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

Do any of the persons listed in (A1) through (B10) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)?
 Yes No

If Yes, identify for each: Firm Name: _____ Person: _____
 Nature of Business Relationship: _____

C. Does the firm rely on any other firm for management functions or employee payroll? Yes No

If Yes, explain:

D. 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 limits: Aggregate limit \$ _____ Project limit \$ _____

E. List current licenses/permits held by any owner and/or employee of the 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.			

F. List three active jobs on which the firm is currently working:

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



PERSONAL NET WORTH (PNW) STATEMENT

AS OF _____

Complete one of these statements for each individual upon whose ownership and control the firm is relying for SBE status.

Name:	Business Phone:
Residence Address:	Residence Phone:
City, State, Zip Code:	
Business Name of Applicant/Borrower:	

ASSETS	(omit cents)	LIABILITIES	(omit cents)
Cash on hand & in banks	\$	Accounts payable	\$
Savings accounts	\$	Notes payable to banks & others <i>(complete section 2)</i>	\$
IRA or other retirement account	\$	Installment account (auto) Mo. Payments \$	\$
Accounts & notes receivable	\$		\$
Life Insurance - Cash Surrender Value Only <i>(complete section 8)</i>	\$	Installment account (other) Mo. Payments \$	\$
Stocks & Bonds <i>(complete section 3)</i>	\$		\$
Real Estate <i>(complete section 4)</i>	\$	Mortgages on real estate <i>(complete section 4)</i>	\$
Automobile - present value	\$	Unpaid taxes <i>(complete section 6)</i>	\$
Other personal property <i>(complete section 5)</i>	\$	Other liabilities <i>(complete section 7)</i>	\$
Other assets <i>(complete section 5)</i>	\$		
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$

NET WORTH \$ _____
(total assets minus total liabilities)

Section 1 - Source of Income		Contingent Liabilities	
Salary	\$	As Endorser or Co-maker	\$
Net Investment Income	\$	Legal claims & judgments	\$
Real Estate Income	\$	Provision for Federal Income Tax	\$
Other income <i>(describe below)*</i>	\$	Other special debt	\$

Description of other income in Section 1

*Alimony or child support payments need not be disclosed in "Other income" unless it is desired to have such payments counted toward total income.

Section 2 - Notes payable to banks & others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name & Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How secured or endorsed Type of collateral

Section 3 - Stocks & Bonds (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
Section 4 - Real Estate Owned (Personal Residence must be included.) (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)					
	Property A	Property B	Property C		
Type of property					
Address					
Date purchased					
Original cost					
Present market value					
Name & Address of Mortgage Holder					
Mortgage account number					
Mortgage balance					
Amount of payment per month/year					
Status of mortgage					
Section 5 - Other personal property and other assets (Describe, and if any is pledged as security, state name & address of lien holder, amount of lien, terms of payment & if delinquent, describe delinquency.)					
Section 6 - Unpaid taxes (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)					
Section 7 - Other liabilities (Describe in detail.)					
Section 8 - Life insurance held (Give face amount & cash surrender value of policies - name of insurance company & beneficiaries.)					

Signature _____

Date _____

AFFIDAVIT OF VERIFICATION

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 SBE STATUS, 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.

State/Commonwealth of _____

County of _____ ss.

BEFORE ME, the undersigned authority, in and for the said State/Commonwealth and said County, personally appeared _____ (full name printed) who, after being sworn according to the law, stated that he/she is _____ (title) of _____ (applicant firm name) and is authorized to represent said firm and to execute the affidavit on behalf of said firm, and stated under penalty of perjury that that he/she has 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 SBE status 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 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 SBE status.

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 Southeastern Pennsylvania Transportation Authority of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

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

I certify that my personal net worth does not exceed \$1.32 Million, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not economically disadvantaged.

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

(SEAL)

SWORN AND SUBSCRIBED BEFORE ME

This _____ Day Of _____, 20 _____

_____ (Signature of Affiant)	_____ (Date)
_____ (Printed Name of Affiant)	
_____ (Title)	
_____ (Applicant Firm Name)	
_____ (Signature of Notary Public)	
My Commission Expires: _____	

**SBE VERIFICATION APPLICATION
SUPPORTING DOCUMENTS CHECKLIST**

In order to complete your application for SBE status, you must attach copies of all of the following documents as they apply to you and the applicant firm.

All Applicants

- Work experience resumes (include places of ownership/employment with corresponding dates), for all owners and officers of the firm
- Personal Net Worth (PNW) Statement (form included with this application)
- Federal Personal tax returns (including all schedules) for the past three years, for each owner claiming disadvantaged status
- The firm's Federal tax returns (gross receipts), including all related schedules, for the past 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 business must provide a current balance sheet
- All relevant licenses, license renewal forms, permits, and haul authority forms
- Bank authorization and signatory cards
- Schedule of salaries (or other compensation or remuneration) paid to all officers, managers, owners, and/or directors of the firm

Sole Proprietor

- Fictitious Name Registration (*signed by the state official*)

Partnership or Joint Venture

- Original and any amended Partnership or Joint Venture Agreements

Corporation

- Official Articles of Incorporation (*signed by the state official*)
- Corporate by-laws and any amendments
- Corporate bank resolution and bank signature cards

LLC

- Official Certificate of Formation
- Operating Agreement with any amendments

Trucking Firms

- Documented proof of ownership for each truck owned or operated by the firm

Regular Dealers

- List of product lines carried

**INSTRUCTIONS FOR COMPLETING
THE SMALL BUSINESS ENTERPRISE (SBE) PROGRAM VERIFICATION 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.

GENERAL INFORMATION

- ❖ Check the appropriate box indicating for whether the firm is a “for profit” company. If you checked No, then you do not qualify for the SBE program and, therefore, do not need to complete the rest of this application. The SBE Program requires all participating firms be for-profit enterprises.
- ❖ Indicate whether the firm is currently certified in either the SBA 8(a) or SDB program.

A. Contact Information

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

B. Prior/Other Certifications and Privileges

Indicate whether the firm or any of the persons listed has ever withdrawn an application for any 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.

C. Business Profile

- (1) In the box provided, briefly describe the primary business and professional activities in which the firm engages, and provide the North American Industry Classification System (NAICS) Codes associated with the firm’s primary business. (<http://www.census.gov/eos/www/naics/>)
- (2) State the Federal Tax ID number of the firm as provided on the firm’s filed tax returns. This could also be the Social Security number of the owner of the firm.
- (3) State the date on which the firm was officially established, as stated in the firm’s Articles of Incorporation or charter.
- (4) State 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 the firm. If you checked “Other,” explain in the space provided.
- (6) Check the appropriate box that describes the legal form of ownership of the firm, as indicated in the firm’s Articles of Incorporation or charter. If you checked “Other,” briefly explain in the space provided.
- (7) Indicate in the spaces provided how many employees the firm has, specifying the number of employees who work on a full-time and part-time basis.

D. Relationships with Other Businesses

- (1) Check the appropriate box that indicates whether the firm is co-located at any of its business locations, or whether the 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) The firm has been a subsidiary of any other firm;
 - (b) The firm consisted of a partnership in which one or more of the partners are other firms;
 - (c) The firm has owned any percentage of any other firm; and
 - (d) The 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 the 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.

OWNERSHIP

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

- (1) State the name of the owner.
- (2) State his/her title or position within the firm.
- (3) State his/her home phone number.
- (4) State his/her home (street) address.
- (5) Check the appropriate box to indicate whether this owner is a U.S. citizen.
- (6) 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 an SBE owner. This, however, does not necessarily disqualify the firm altogether from the SBE program if another owner is a U.S. citizen or lawfully admitted permanent resident and meets the program's other qualifying requirements.
- (7) State the number of years this owner has been an owner of the firm.
- (8) State the percentage of total ownership control of the firm that this owner possesses.
- (9) Indicate the dollar value of this owner's initial investment to acquire an ownership interest in the firm, broken down by cash, real estate, equipment, and/or other investment.
- (10) Indicate the number, percentage of the total, class, date acquired, and method by which this owner acquired his/her shares of stock in the firm.
- (11) 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 function or title held in that business.
- (12) Check the appropriate box that indicates whether this owner owns or works for any other firm(s) that has any relationship with the applicant firm. If you checked Yes, identify the name of the other business and this owner's function or title held in that business. Briefly describe the nature of the business relationship in the space provided.

CONTROL

A. Officers and Board of Directors:

- (1) In the space provided, state the name, title, and date of appointment of each officer of the firm.
- (2) In the space provided, state the name, title, and date of appointment, of each individual serving on the firm's Board of Directors.

B. Management Personnel (by name and title) who control the firm in the following areas:

- (1) Making financial decisions on the 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 the firm's negotiations and executing contracts on the 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 the firm's behalf not otherwise listed.
- ❖ 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 he/she is involved, and his/her function performed in that other business.
 - ❖ 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 the applicant 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. Does the firm rely on any other firm for management functions or employee payroll?

Check the appropriate box that indicates whether the 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.

D. Financial information

- (1) Banking Information
 - (a) State the name of the firm's bank.
 - (b) State the main phone number of the firm's bank branch.
 - (c) State the address of the firm's bank branch.
- (2) Bonding Information
 - (a) State the firm's Binder Number.
 - (b) State the name of the firm's bond agent and/or broker.
 - (c) State the agent's/broker's phone number.
 - (d) State the agent's/broker's address.
 - (e) State the firm's bonding limits (in dollars), specifying both the Aggregate and Project Limits.

E. List current licenses/permits held by any owner and/or employee of the firm.

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

F. List three active jobs on which the 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.

PERSONAL NEW WORTH STATEMENT

Complete one of these statements for each individual upon whose ownership and control the firm is relying on for SBE status, **sign and date**. The information provided must be **current** (i.e., no older than six (6) months).

AFFIDAVIT OF CERTIFICATION

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.