



## Office of Diversity & Business Enterprise

### **Small Business Enterprise (SBE) Certification Application** **49 C.F.R. Part 26**

All firms wishing to receive status as a SBE must complete this application and submit it to Metra's Office of Diversity & Business Enterprise for review and determination of eligibility.

#### **You are eligible to apply if?**

- The firm is organized as a for-profit business.
- The firm is at least 51% owned and controlled by one or more economically disadvantaged individuals whose net worth does not exceed \$1.32 million.
- The firm is a small business that meets the Small Business Administration's (SBA's) size standard and does not exceed \$30.40 million in annual gross receipts averaged over the last 3 years.
- The firm's disadvantaged owners are U.S. citizen or lawfully admitted permanent resident of the U.S.

#### **How do you apply?**

First time applicants for SBE certification must complete and submit this certification application and supporting documentation to Metra and participate in an on-site interview conducted by the Office of Diversity & Business Enterprise. The attached checklist can assist you in determining the supporting documents you need to submit to Metra along with your completed application. If you fail to submit the required documents, the application may be delayed and/or denied. *Firms already certified as a Disadvantage Business Enterprise (DBE) with the Illinois Unified Certification Program (IL UCP) are granted automatic SBE status with Metra and do not need to apply.*

#### **Where can you send the complete application?**

Email completed applications to: Office of Diversity & Business Enterprise at [daslewis@metrarr.com](mailto:daslewis@metrarr.com).

#### **Who can you contact for assistance?**

You can contact the Office of Diversity & Business Enterprise via email at [amena@metrarr.com](mailto:amena@metrarr.com) or at 312-322-6323 regarding this application or to schedule a free consultation.

#### **Where can you find more information?**

U.S. DOT (<https://www.transportation.gov/civil-rights>) provides useful links to the rules and regulation governing the SBE program.

SBA (<http://www.sba.gov/content/table-small-business-size-standards>) provides information regarding business size standards for each the North American Industry Classification System (NAICS) codes (<http://www.census.gov/eos/www/naics>).

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

NOTE: If you require additional space for any question in this application, please attach additional sheets or copies as needed and indicate on each attached sheet/copy the section and number of this application to which it refers. *If any items are not applicable to your firm, mark them N/A.*

## Section 1: Certification Information

### A. Basic Contact Information

- Enter the name and title of the majority owner of the firm
- Enter the legal name of the firm, as indicated in the Articles of Incorporation or charter
- Enter the primary phone number of the firm
- Enter any secondary and/or fax phone number
- Enter the contact person's email address
- Enter the firm's website
- Enter the street address of where the firm is physically located (not a P.O. Box)
- Enter the mailing address of the firm, if different from the street address.

### B. Prior/Other Certifications and Applications

- Check the appropriate box to indicate if the firm is currently certified as an SBE/DBE and provide the name of the certifying agency.
- Check the appropriate box to indicate if the firm or any individual listed in this application has ever been denied any certification or if an application was withdrawn or whether the firm was debarred, suspended, or otherwise had its bidding privileges denied or restricted by any state or local agency, or Federal entity. If "Yes" list the name of the agency and explain the nature of the action in the space provided. Indicate if the decision was appealed to USDOT and attach a copy of USDOT's final decision.

## Section 2: General Information

### A. Business profile:

- Enter a description of the firm's activities or products or services. The description may be used in the SBE online directory if certified as an SBE.
- Enter the appropriate NAICS Codes for the work specialties identified in the business profile.
- Enter the date the firm was established as stated in the firm's Articles of Incorporation or charter.
- Enter the date the applicant became the majority owner of the firm.
- Check the appropriate box to indicate the method of acquisition for the majority owner. If "Other," explain in the space provided.
- Check the appropriate box to indicate if the firm is "for profit." If "No," the firm does NOT qualify

for the SBE program and should not complete this application.

- Enter the Federal Tax ID number as stated on the firm's Federal tax return.
- Check the appropriate box to indicate the legal business structure of the firm. If "Other," explain in the space provided.
- Enter the current number of full-time, part-time, and seasonal employees for the firm. Include a list of employees, their job titles, and dates of employment, to the application.
- Enter the firm's gross receipts for each of the past three years, as listed in the firm's Federal tax returns. If there are any affiliates or subsidiaries of the applicant firm or majority owner, provide these firms' gross receipts. Affiliation is defined in 49 C.F.R. §26.5 and 13 C.F.R. Part 121.

### B. Relationships and Dealings with Other Businesses

- Check the appropriate box to indicate if the firm is co-located at any of its business locations, or whether it shares a telephone number, a post office box, office space, a yard, warehouse, other facilities, any equipment, financing, or any office staff and/or employees with any other business or entity of any kind. If "Yes," then specify the name of the other firm and the nature of the relationship including the business or person with whom the applicant has any formal, informal, written, or oral agreement and any items shared in the space provided.
- Check the appropriate box to indicate if any other firm currently has/had an ownership interest in the firm at present or at any time in the past. If "Yes," please explain.
- Check the appropriate box to indicate if at any time the firm:
  - ever existed under different ownership, a different type of ownership, or a different name
  - existed as a subsidiary of any other firm
  - existed as a partnership in which one or more of the partners are/were other firms
  - owned any percentage of any other firm
  - had any subsidiaries of its own

- served as a subcontractor with another firm constituting more than 25% of your firm's receipts

### Section 3: Majority Owner Information

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

- A. Identify the majority owner of the firm holding 51% or more ownership interest
  - Enter the full name of the owner
  - Enter their title or position within the firm
  - Enter their home phone number
  - Enter their home address
  - Enter their gender and ethnicity
  - Check the appropriate box to indicate if the owner is a U.S. citizen or a lawfully admitted permanent resident. If the owner is neither a U.S. citizen nor a lawfully admitted permanent resident, then the owner is NOT eligible for certification as an SBE.
  - Enter the percentage of ownership this person holds, and the date acquired.
  - Enter the owner's initial investment to acquire the ownership interest in the firm, broken down by cash, real estate, equipment, and/or other investment.
  - Check the appropriate box to indicate how ownership was acquired in the firm and provide supporting documentation.
- B. Additional Owner Information
  - Describe the familial relationship of the owner to any other owner or employee of the firm.
  - Indicate whether the owner performs a management or supervisory function for any other business. If "Yes," state the name of the business and their title held in that business.
  - Check the appropriate box to indicate if the owner owns or works for any other firm that has any relationship with the firm. If "Yes," identify the name of the other business, the nature of the business relationship, and the owner's function at that firm.
  - Check the appropriate box to indicate if the owner works for any other firm, non-profit organization, or is engaged in any other activity more than 10 hours per week. If "Yes," identify the name of the other business, the nature of the

business relationship, and the owner's function at that firm.

- Enter the personal net worth of the owner applying for certification in the space provided. Note, only the majority owner of the firm needs to complete "Personal Net Worth Statement for SBE Program Eligibility"
- Check the appropriate box to indicate if any of the immediate family members, managers, or employees, own, manage, or are associated with another firm. Immediate family member is defined in 49 C.F.R. §26.5. If "Yes," provide the name of each person, the owners relationship to them, the name of the firm, the type of business, and whether they own or manage the company.

### Section 4: Control

- A. Identify the firm's Officers and Board of Directors
  - Enter the name, title, and date of appointment for each Officer of the firm.
  - Enter the name, title, and date of appointment for each Director appointed to the Board.
  - Check the appropriate box to indicate if any of the firm's officers and/or directors own or work for any other firm that has a relationship with the firm. (e.g., ownership interest, shared office space, financial investments, equipment leases, personnel sharing, etc.). If "Yes," enter their name, title, the name of the other business, and the function performed.
  - Check the appropriate box to indicate if any of the firm's officers and/or directors perform a management or supervisory function for any other business. If "Yes," enter their name, title, the name of the other business, and the function performed.
- B. Duties of Owners, Officers, Directors, Managers and Key Personnel
  - Enter the name, title, and percentage ownership of the majority and minority owners, directors, officers, and managers, and key personnel who are responsible for each function listed. Check the appropriate box to specify the roles for each. Include copies of résumés for each owner and non-owner identified.
  - Check the appropriate box to indicate if any of the individuals listed own or work for any other firm that has a relationship with the firm. (e.g., ownership interest, shared office space, financial investments, equipment leases, personnel sharing, etc.). If "Yes," enter their name, title, the

name of the other business, and the function performed.

- Check the appropriate box to indicate if any of the individuals listed perform a management or supervisory function for any other business. If “Yes,” enter their name, title, the name of the other business, and the function performed.

C. Indicate firm inventory in these categories:

- Equipment and Vehicles – Enter the type of equipment and current dollar value of each item held and/or used by the firm. Indicate if each item is either owned or leased, whether it is used as collateral, and where its stored.
- Office Space – Enter the street address of any office space held and/or used by the firm. Indicate if the firm or owner owns or leases the office space and the current dollar value of that property or lease.
- Storage Space – Enter the street address of any storage space held and/or used by the firm. Indicate whether the firm or owner owns or leases the storage space and the current dollar value of that property or its lease.

D. Financial / Banking Information

- Enter the name, City and State of the firm’s bank. Identify the persons able to sign checks on this account.
- Enter the firm’s bonding limits both aggregate and project limits.

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

- Enter the name and address of each source, the person securing the loan, original dollar amount and the current balance of each loan, and the purpose for each loan.

F. Contributions or transfers of assets to/from your firm and to/from any of its owners or another individual over the past two years:

- Enter the type of 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, and the date of the transfer.

G. Current licenses/permits held by any owner or employee of your firm.

- Enter the name of each person in the firm who holds a professional license or permit, the type of permit or license, the expiration date of the permit or license, and issuing agency of the license or permit.

H. Largest projects completed by the firm in the past three years, if any.

- Enter the name, the location, the type of work performed, and the dollar value of each project.

I. Largest active projects by the firm in the past three years, if any.

- Enter the name, the location, the type of work being performed, and the dollar value of each project.

**Affidavit & Signature**

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

## Section 1: Certification Information

### A. Basic Contact Information

Contact person and title: \_\_\_\_\_ Legal name of firm: \_\_\_\_\_

Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Street address of firm (No P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ County/Parish: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address of firm (if different): \_\_\_\_\_

City: \_\_\_\_\_ County/Parish: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### B. Prior/Other Certifications and Applications

Is the firm currently certified for any of the following U.S. DOT programs? [ ] SBE [ ] DBE

Name(s) of certifying agency: \_\_\_\_\_

⊗ If the firm is certified as a DBE with an Illinois Unified Certification Program (IL UCP) Agency, it is automatically considered an SBE with Metra. If the firm is certified in another state, you may not have to complete this application. Please reach out to our office for further assistance.

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

(a) Denied certification or decertified? [ ] Yes [ ] No

(b) Withdrawn an application, been debarred, or suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity? [ ] Yes [ ] No

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

## Section 2: General Information

### A. Business Profile:

Give a concise description of the firm's primary activities and the product(s) or service(s) it provides. If the firm offers more than one product/service, list the primary product or service first. Please use additional paper if necessary. This description may be used in our SBE database.

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

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

Method of Acquisition: [ ] Started New [ ] Bought Existing [ ] Inherited [ ] Gift [ ] Merger or Consolidation

[ ] Other (explain) \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_

**Type of Legal Business Structure:** ☐ Sole Proprietorship ☐ Limited Liability Partnership ☐ Partnership  
☐ Corporation ☐ Merger or Consolidation ☐ Limited Liability Company ☐ Other (explain) \_\_\_\_\_

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

**Specify the firm's gross receipts for the last 3 years** *(Submit signed completed copies of the firm's Federal tax returns for each year. If there are affiliate firm, you must submit signed complete copies of these firms' Federal tax returns).*

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

**A. Relationship and Dealings with Other Businesses:**

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

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

**Has any other firm had an ownership interest in the firm at present or at any time in the past?** ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

**At any time has the firm:**

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

Existed as a subsidiary of any other firm? ☐ Yes ☐ No

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

Owned any percentage of any other firm? ☐ Yes ☐ No

Had any subsidiaries? ☐ Yes ☐ No

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

*(If you answered "Yes" to any of the above questions, provide further details and explain whether the arrangement continues).*

## Section 3: Majority Owner Information

**A. Identify the Majority Owner of the Firm Holding 51% or More Ownership Interest**

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Gender:** ☐ Male ☐ Female **Ethnicity:** \_\_\_\_\_

**U.S. Citizenship:** ☐ U.S. Citizen ☐ Lawfully Admitted Permanent Resident

Number of years as owner: \_\_\_\_ Percentage Owned: \_\_\_\_%

Initial investment to acquire ownership interest in firm: *(List Dollar Value for Each Applicable Item)*

Cash: \$\_\_\_\_\_ Real Estate: \$\_\_\_\_\_ Equipment: \$\_\_\_\_\_ Other: \$\_\_\_\_\_

Describe how you acquired your business: *(Attach documentation substantiating your investment)*

☐ Started business myself ☐ It was a gift from: \_\_\_\_\_

☐ I bought it from: \_\_\_\_\_ ☐ I inherited it from: \_\_\_\_\_

☐ Other: \_\_\_\_\_

## **B. Additional Owner Information**

Describe familial relationship to other owners and employees:

Does this owner perform a management or supervisory function for any other business? ☐ Yes ☐ No

If Yes, identify: Name of Business: \_\_\_\_\_ Function/Title: \_\_\_\_\_

Does this owner own or work for any other firm(s) that has a relationship with this firm? *(e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)* ☐ Yes ☐ No

Identify the name of the business, and the nature of the relationship, and the owner's function at the firm:

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

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

Do any of your immediate family members, managers, or employees own, manage, or are associated with another company? ☐ Yes ☐ No

If yes, provide their name, relationship, company, type of business, and indicate whether they own or manage the company: *(attach extra sheets, if needed)*:

## **Section 3: Other Owner Information**

### **A. Identify all Individuals, Firms, or Holding Companies that Hold Less than 51% Or More Ownership Interest**

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

U.S. Citizenship: ☐ U.S. Citizen ☐ Lawfully Admitted Permanent Resident

Number of years as owner: \_\_\_\_ Percentage Owned: \_\_\_\_%

Initial investment to acquire ownership interest in firm: *(List Dollar Value for Each Applicable Item)*

Cash: \$\_\_\_\_\_ Real Estate: \$\_\_\_\_\_ Equipment: \$\_\_\_\_\_ Other: \$\_\_\_\_\_

**Describe how you acquired your business:** *(Attach documentation substantiating your investment)*

☐ Started business myself ☐ It was a gift from: \_\_\_\_\_  
☐ I bought it from: \_\_\_\_\_ ☐ I inherited it from: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

## **B. Additional Owner Information**

**Describe familial relationship to other owners and employees:**

**Does this owner perform a management or supervisory function for any other business?** ☐ Yes ☐ No

If Yes, identify: Name of Business: \_\_\_\_\_ Function/Title: \_\_\_\_\_

**Does this owner own or work for any other firm(s) that has a relationship with this firm?** *(e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)* ☐ Yes ☐ No

Identify the name of the business, and the nature of the relationship, and the owner's function at the firm:

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

**Do any of your immediate family members, managers, or employees own, manage, or are associated with another company?** ☐ Yes ☐ No

If yes, provide their name, relationship, company, type of business, and indicate whether they own or manage the company: *(attach extra sheets, if needed)*:

## **Section 4: Control**

### **A. Identify the Firm's Officers and Board of Directors** *(If Additional Space is Required, Attach a Separate Sheet)*

	Name	Title	Date Appointed
<b>Officers of the Firm</b>			
<b>Board of Directors</b>			

**Do any of the persons listed in Section A work for any other firm(s) that has a relationship with this firm?** *(e.g., ownership interest, shared office space, equipment, leases, personnel sharing, etc.)* ☐ Yes ☐ No

If yes, identify the following for each:

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

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



Do any of the persons listed in Section A perform a management function for any other business? [ ] Yes [ ] No

If yes, identify the following for each:

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

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

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

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

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

**Complete for all owners of the firm and identify which of the following functions they perform for the firm. (Attached a Separate Sheet if Needed)**

A = Always F = Frequently	S = Seldom N = Never	Majority Owner (51% or More)				Minority Owner (49% or Less)			
		Name: _____ Title: _____ Percentage Owned: _____				Name: _____ Title: _____ Percentage Owned: _____			
		A	F	S	N	A	F	S	N
	Sets Policy for Company								
	Bidding and Estimating								
	Major Purchasing Decisions								
	Supervises Field Operations								
	Attend Bid Opening and Letting								
	Perform Office Management								
	Hires and Fires Management Staff								
	Hires and Fires Field Staff or Crew								
	Designates Profits Spending or Investment								
	Obligates Business by Contract/Credit								
	Signs Business Checks								

**Complete for al Officers, Director, Managers, and Key Personnel and identify which of the following functions they perform for the firm. (Attached a Separate Sheet if Needed)**

A = Always F = Frequently	S = Seldom N = Never	Officer/Director/Manager/Key Personnel				Officer/Director/Manager/Key Personnel			
		Name: _____ Title: _____				Name: _____ Title: _____			
		A	F	S	N	A	F	S	N
	Sets Policy for Company								
	Bidding and Estimating								
	Major Purchasing Decisions								
	Supervises Field Operations								
	Attend Bid Opening and Letting								
	Perform Office Management								
	Hires and Fires Management Staff								
	Hires and Fires Field Staff or Crew								
	Designates Profits Spending or Investment								
	Obligates Business by Contract/Credit								
	Signs Business Checks								

**Do any of the persons listed in Section B work for any other firm(s) that has a relationship with this firm? (e.g., ownership interest, shared office space, equipment, leases, personnel sharing, etc.)** [ ] Yes [ ] No

If yes, identify the following for each:

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

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

Do any of the persons listed in Section A perform a management function for any other business? [ ] Yes [ ] No

If yes, identify the following for each:

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

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

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

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

### **C. Inventory**

Indicate the firm's inventory (Attached a Separate Sheet if Needed)

Type of Equipment	Current Value	Owned or Leased?	Used as Collateral?	Where is the Item Stored?

#### **Office space**

Street Address	Owned or Leased?	Current Value of the Property or Lease?

#### **Storage space**

Street Address	Owned or Leased?	Current Value of the Property or Lease?

### **D. Financial/Banking Information**

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

The following individuals can sign checks on the account: \_\_\_\_\_

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

Name of Bonding Company: \_\_\_\_\_

Aggregate Limit: \_\_\_\_\_ Project Limit: \_\_\_\_\_

### **E. Sources of Money Loaned**

Identify all sources, amounts and purposes of money loaned to the firm, including from any financial institution.

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

### **F. Transfer of Assets**

Identify all transfer of assets to/from the firm to/from any of its owners or other individuals over the past two years.

Type of Asset	Dollar Value	From Whom Transferred?	To Whom Transferred?	Date of Transfer

### **G. Licenses/Permits**

Identify all licenses/permits held by the firm or any owner and/or employee of the firm.

Name of License/Permit Holder	Type of License/Permit	Expiration Date	Agency Provide the License/Permit

### **H. Completed Projects/Contracts**

Identify the three largest projects/contracts completed by the firm in the past three years.

Name of Project	Location of Project	Type of Work Performed	Dollar Value of Contract

### **I. Active Projects/Contracts**

Identify the three largest active projects/contracts the firm is currently working on.

Name of Project	Location of Project	Type of Work Being Performed	Dollar Value of Contract

# AFFIDAVIT OF CERTIFICATION

*This form must be signed and notarized by each owner.*

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 \_\_\_\_\_ (name of applicant firm) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to identify and explain the operations, capabilities, and pertinent history of the firm as well as the ownership, control, and affiliations thereof fully and accurately.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

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

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

I agree to provide written notice to the recipient agency of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership changes, address/telephone number, personal net worth, etc.).

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

I certify that I am an economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Small Business Enterprise. I further certify that my personal net worth does not exceed \$1.32 million, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not economically disadvantaged.

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

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

**NOTARY CERTIFICATE:**

# **SBE CERTIFICATION APPLICATION**

## **SUPPORTING DOCUMENTS CHECKLIST**

To complete your application for SBE certification, you must attach copies of the following REQUIRED documents. A failure to supply any information requested by the certifying agency may result in the firm being denied SBE certification.

### **Required Documents for All Applicants**

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

### **Partnership or Joint Venture**

- ☐ [ ] Original and any amended Partnership or Joint Venture Agreements

### **Corporation or LLC**

- ☐ [ ] Official Articles of Incorporation (signed by the state official)
- ☐ [ ] Both sides of all corporate stock certificates and your firm's stock transfer ledger
- ☐ [ ] Shareholders' Agreement(s)
- ☐ [ ] Minutes of all stockholders and board of director's meetings
- ☐ [ ] Corporate by-laws and any amendments
- ☐ [ ] Official Certificate of Formation and Operating Agreement with any amendments (for LLCs)

### **Suppliers**

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

### **Optional Documents to Be Provided on Request** *(Metra may require the submission of the following documents)*

- ☐ [ ] Audited financial statements (if available)
- ☐ [ ] Trust agreements held by any owner claiming disadvantaged status
- ☐ [ ] Year-end balance sheets and income statements for the past 3 years (or life of firm, if less than three years)