



ILLINOIS UNIFIED CERTIFICATION PROGRAM
SBE DECLARATION OF ELIGIBILITY

If a question does not apply write "N/A"

Name of Firm: _____

Address: _____

City/State/Zip Code: _____

Telephone No.: (____) _____ - _____ Fax No.: (____) _____ - _____

E-Mail: _____ Federal Employer I.D. No.: _____

Contact Person: _____ Title: _____

List annual gross receipts for the last three years:

Year _____ \$ _____ Year _____ \$ _____ Year _____ \$ _____

List the number of employees for the last three years:

Year _____ # _____ Year _____ # _____ Year _____ # _____

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| SUBMISSION OF THE FOLLOWING DOCUMENTS ARE REQUIRED FOR CONTINUING SBE CERTIFICATION STATUS: |
| •Form must be signed by all individuals whose social and economic status is relied upon for certification (51% SBE Ownership required.) |
| •Signed copy of current U.S. Federal Corporate Income Tax return including all schedules for all individuals whose social and economic status is relied upon for SBE certification (51% SBE Ownership required). |
| •Copies of current business, professional, construction trade licenses and/or permits. |

Identify any owner or management official of the applicant firm who has an ownership interest in any other firm. Provide information as to owner's title, address of firm, percent of ownership and product or service of the other firm.

| <i>Owner/Manager</i> | <i>Name and Address of Other Firm</i> | <i>Title in Other Firm</i> | <i>% Of Ownership</i> | <i>Product or Service of Firm</i> |
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Note: For any additional specialty area, you wish to apply for in which you were not previously certified, submit the necessary documentation, (licenses, resumes, previous contracts, etc.) demonstrating ability to perform a commercially useful function in such additional area (s).

This form must be signed by EACH OWNER upon whose disadvantaged status the firm relies for certification.

A FALSE STATEMENT OR MATERIAL OMISSION MADE IN CONNECTION WITH THIS SUBMISSION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, DECERTIFICATION, OR SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE UNDER FEDERAL AND STATE LAW.

I _____ (full name printed), declare under penalty under penalty of perjury that I am _____ (title) of the firm, all of the foregoing information and statements submitted for eligibility are true, correct, and complete to the best of my knowledge. 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 material is for the purpose of inducing certification 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 material, and I authorize such agency to contact any entity named in certification material, 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 or decertification.

If awarded a contract, subcontract, concession lease or sublease, as detailed in § 26.55, 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 my firm's (1) commercially useful function (CUF) performed on the project or concession lease; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to notify the certifying agency of a material change in circumstances that affects my firm's eligibility within 30 days of its occurrence, explain the change fully, and include a duly executed Declaration of Eligibility (this form) with the notice.

I acknowledge and agree that any misrepresentations in certification materials or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or decertification; suspension and debarment; and for initiating action under federal and/or state law.

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

____ Women _ ____ Black American
____ Hispanic American ____ Native American
____ Asian Pacific American ____ Subcontinent Asian American ____ Other pursuant to 49 CFR § 26.67(d)

I declare that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified above, without regard to my individual qualities.

I further declare that my personal net worth does not exceed the DBE program's limit posted on <https://www.transportation.gov/DBEPNW>, and that I am economically disadvantaged because My ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

PURSUANT TO 28 USC § 1746:

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. EXECUTED ON _____

SIGNATURE (OWNER)