

DBE/ACDBE CERTIFICATION



WORKSHOP



JUNE 12, 2024

DAY 1: VIRTUAL



Construction

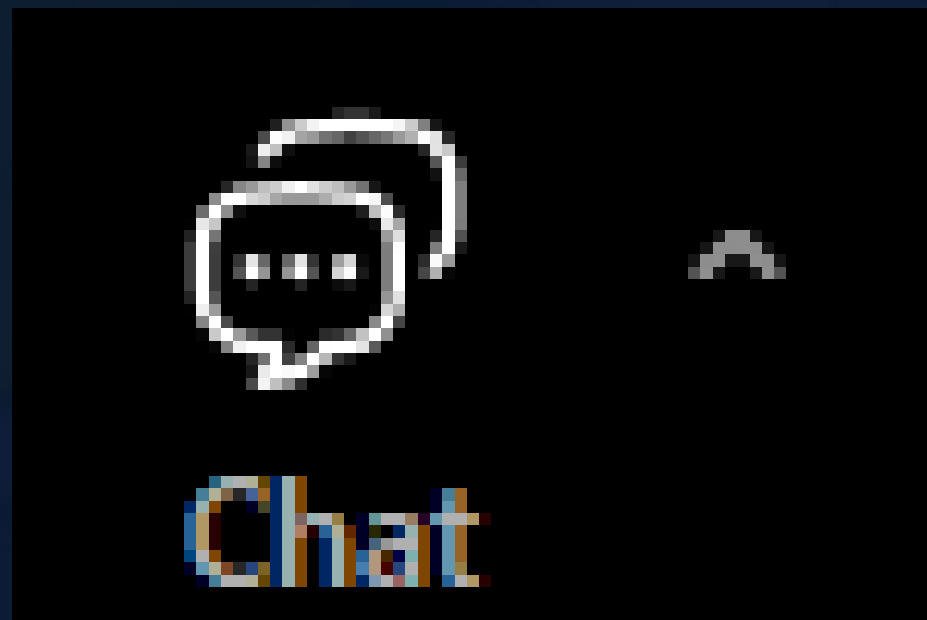


Airport Concessions



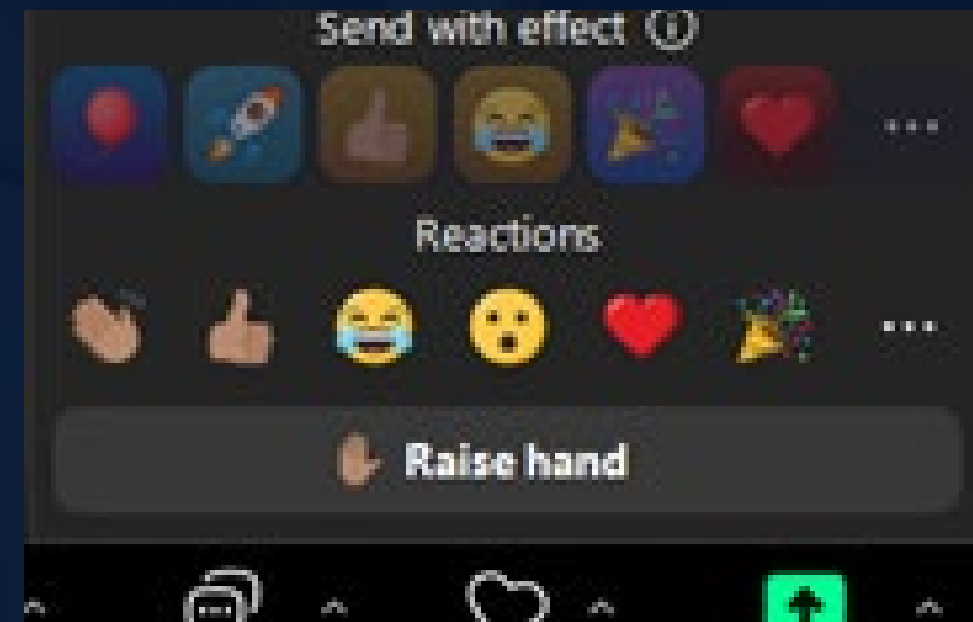
Professional Services

HOUSEKEEPING



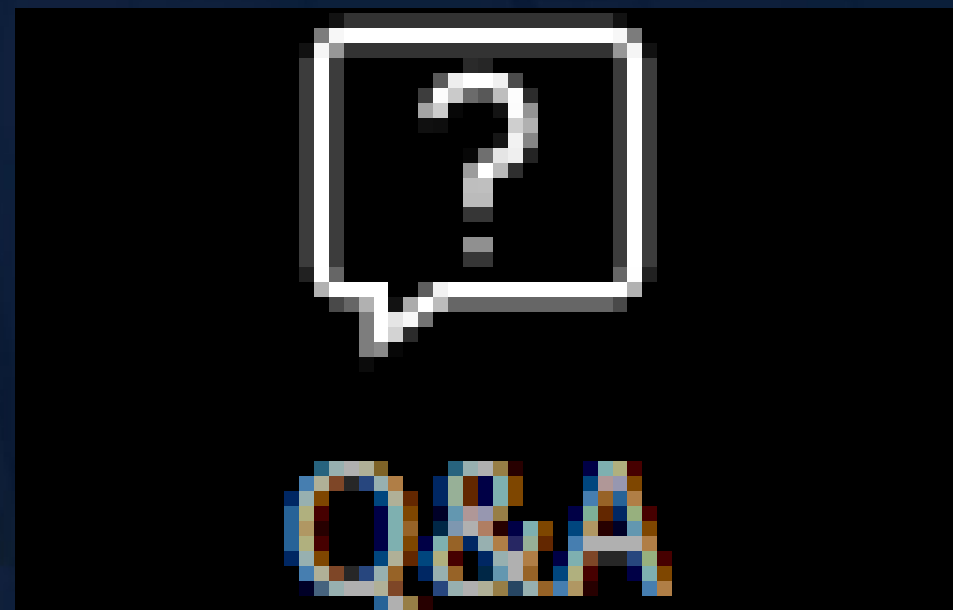
Q&A Panel

Use the Q&A to type your questions.
If you do not see the Q&A panel,
please add it to your screen view.



Chat Box

Resources and contact information
will be put in the Chat Box. Please
refrain from entering questions.



React Button

Click on this button to raise your
hand, request to come off mute,
and/or react to the information
shared!

THIS MEETING IS BEING RECORDED. PLEASE KEEP YOUR DEVICES ON MUTE.

AGENDA

OVERVIEW OF DBE/ACDBE PROGRAM

Benefits and Updates to the DBE/ACDBE Regulations

Speakers: Troy D. Larsen, Equal Opportunity Specialist, Office of Civil Rights, FAA

Nicole Payne, Division Chief, Office of Civil Rights, Policy & Guidance, FTA

NAICS CODES

Identify Applicable NAICS Codes for Your Business

Speaker: Anna Silva, Office Chief, DBE Certification & Compliance Branch, Office of Civil Rights, CALTRANS

ONLINE CERTIFICATION PORTAL

Demo: How to Complete the Online Application

Speaker: Vicki Padilla, Strategic Account Director, B2Gnow

QUESTIONS & ANSWERS

Brief Q&A session

JUNE 13TH DAY 2: IN-PERSON WORKSHOPS IN NORTHERN & SOUTHERN CALIFORNIA

OVERVIEW OF DBE/ACDBE PROGRAM

Benefits and Updates to the DBE/ACDBE Regulations



Troy Larsen
Equal Opportunity Specialist
Office of Civil Rights
Federal Aviation Administration



Nicole Payne
Division Chief
Office of Civil Rights
Policy & Guidance
Federal Transit Administration



**Federal Aviation
Administration**

Overview of DBE/ACDBE Program and Benefits

Office Of Civil Rights

*ACHIEVING SAFETY
THROUGH DIVERSITY*

**Troy Larsen
DBE/ACDBE Compliance Specialist
FAA Western Pacific Region**



Objectives of the DBE Program

- Ensure nondiscrimination in the award and administration of highway, transit, and airport contracts receiving financial assistance from the U.S. Department of Transportation (DOT).
- Promote the use of DBEs in all types of federally assisted contracts and procurement activities.
- Assist the development of firms to compete successfully in the marketplace outside the DBE program.

Objectives of the ACDBE Program

- Ensure nondiscrimination in the award and administration of opportunities for concessions by airports receiving DOT financial assistance.
- Promote the use of ACDBEs in all types of concessions activities at airports receiving DOT financial assistance.
- Assist the development of firms to compete successfully in the marketplace outside the ACDBE program.

DBE/ACDBE Certification

- The firm must complete an [application](#) for certification and provide all needed documentation.
- Once eligibility has been confirmed, the firm is certified and added to the DBE/ACDBE directory.
 - The firm is certified in one more North American Industry Classification (NAICS) codes related to work they may perform as a DBE/ACDBE.
 - Once the firm is certified, it remains certified unless and until it no longer meets the eligibility requirements.
 - Once a year on the anniversary of its certification, the firm must submit a Declaration of Eligibility (DOE).

DBE/ACDBE Certification Eligibility

- The firm must be at least 51% owned by socially and economically disadvantaged (SED) individuals.
 - Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, Subcontinent-Asian Americans, Women.
 - Individuals having demonstrated SED status based on personal experience and circumstances in American society.
- One or more SED owners must control the firm, be the highest officer, and be the final decision maker.
- The firm must be an independent business which does not rely on support from others to be viable.
 - Allowances are made for franchise and license agreements.

DBE/ACDBE Certification Eligibility (Cont'd)

- A qualifying SED owner (SEDO) may not have a personal net worth exceeding **\$2,047,000**.
 - Excludes their ownership interest in the firm, equity in their primary residence, and assets in their retirement accounts.
- For any NAICS code a firm wishes to be certified in, it may not exceed the Small Business Administration (SBA) [size standards](#) for a small business.
 - The ACDBE program has size standards that [differ](#) from the SBA for banks and financial institutions, car rental companies, pay telephone companies, and car dealers.
 - No DBE firm may have a 3-year gross receipts average exceeding \$30.72 million; No ACDBE firm may have a 5-year gross receipts average exceeding \$56.42 million.
 - Current size cap is found on the DOCR website; <https://www.transportation.gov/DBEsizestandards>

Benefits of Being a DBE/ACDBE Firm

- Inclusion in a directory of certified firms that DOT recipients and prime contractors may use to find you and contact you about contracting opportunities.
- Under the newly updated program regulations (**effective May 9, 2024**), it is much quicker and easier for your firm to become certified in other states.
- Benefit from the efforts of DOT recipients to promote and foster the use of DBE/ACDBE firms.
- Become eligible to seek assistance through a DOT recipient's business development program (BDP).
- Primes must use only DBE certified sub-contractors to satisfy Federal-aid contract DBE goals set on projects let by recipients of FAA, FHWA, and FTA



**Federal Aviation
Administration**

**Troy Larsen
DBE/ACDBE Compliance Specialist
FAA Western Pacific Region**

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Federal Aviation Administration

Office of Civil Rights

Room 1030

800 Independence Avenue SW

Washington, DC 20591

www.faa.gov

Office Of Civil Rights

*ACHIEVING SAFETY
THROUGH DIVERSITY*





Disadvantaged Business Enterprise Program
Airport Concessions Disadvantaged Business Enterprise Program

FINAL RULE

OST • FAA • FHWA • FTA

DBE/ACDBE Final Rule Certification Procedures

Nicole Payne
Division Chief, Policy & Guidance
Office of Civil Rights, FTA

Office Of Civil Rights
ACHIEVING SAFETY
THROUGH DIVERSITY



Federal Aviation
Administration

Agenda

- Obtaining Certification
- Unified Certification Program
- Interstate Certifications
- Social and Economic Disadvantaged Owners



Agenda

DBE Final Rule

- Final Rule issued April 9, 2024
- Most comprehensive update to the program; intended to streamline and modernize regulations (to reduce barriers for DBEs and clarify requirements for recipients

Federal Transit Administration

- Funds more than 1,000 local public transit systems across the country that run city buses, subways, ADA paratransit, and more
- Invests more than \$20 billion annually to support and expand public transit
- In FY 2023, \$1.1 billion were awarded to DBEs through 4,100 FTA-funded contracts

Obtaining Certification

Step 1: Contact the specific state or local transportation entity for which you wish to participate in contracts

Step 2: Provide documentation on firm's size, owner's PNW, independence, and ownership and control

Step 3: On-site visit to the firm's offices and job sites

Unified Certification Program

The Unified Certification Program (UCP) allows applicants to only apply once for DBE certification that will be honored by all recipients in the state



General Certification Information

Eligibility Determination

- Certifiers determines eligibility based on evidence it has at the time of its decision
- Certification is not a warranty of competence or suitability

Addressing Eligibility Issues:

- Socially and Economically Disadvantaged Owners (SEDO) or firm may take curative measures, that to remove, surmount, or correct defects in eligibility
- Certifiers may notify the firm of eligibility concerns and give the firm time to remedy impediments to certification.
- The firm may take curative action and present evidence of such up to the time of the certifier's decision
- Certifiers may provide general assistance and guidance but not professional advice or opinions

How To: Interstate Certification

Provide Required Documentation to Certifier:

- Cover Letter that specifies that the DBE is applying for interstate certification, identifies all UCPs in which the DBE is certified
- Electronic image of the original UCP directory that shows the DBE certification
- Declaration of Eligibility

Certifier Confirms Eligibility:

- The UCP must confirm eligibility within 10 business days of receiving required documentation

Certification:

- The UCP must certify the DBE immediately and provide the DBE with a letter documenting its certification

Annual DOE

- The DBE must provide an annual DOE with documentation of gross receipts, to UCPs on the anniversary date of the DBE's original certification by its JOC

Social and Economic Disadvantage and Group Membership

- Congress continues to recognize certain individuals as disadvantaged in the transportation sectors due to past and present discrimination
- Qualifying owners need to submit the declaration of eligibility (DOE) and application
- An owner who is not presumed to be socially and economically disadvantaged may demonstrate with a personal narrative that they are based on their own experiences and circumstances that occurred within American society

Individual Showing of Social and Economic Disadvantage

Personal Narrative (PN):

- Describes in detail specific acts or omissions by others, which impeded progress or success in education, employment, and/or business, including obtaining financing on terms available to similarly situated, non-disadvantaged persons
- Identifies at least one objective basis for the detrimental discrimination. The basis may be any identifiable status or condition
- Describes this objective distinguishing feature(s) in sufficient detail to justify the owner's conclusion that it prompted the prejudicial acts or omissions
- States how and to what extent the discrimination caused the owner harm, including a full description of type and magnitude

Additional Resources

Visit the USDOT website at <https://www.transportation.gov/DBE>

Visit the FTA website at <https://transit.dot.gov/dbe>

Specific Questions?

DBE_FinalRule@dot.gov

FTACivilRightsSupport@dot.gov

NAICS CODES

Identify Applicable NAICS Codes for Your Business



Anna Silva

Office Chief, DBE Certification & Compliance Branch
Office of Civil Rights
California Department of Transportation (CALTRANS)

NAICS Code Presentation
Joint CUCP & BOC DBE/ACDBE Certification Workshop
June 12 & 13, 2024

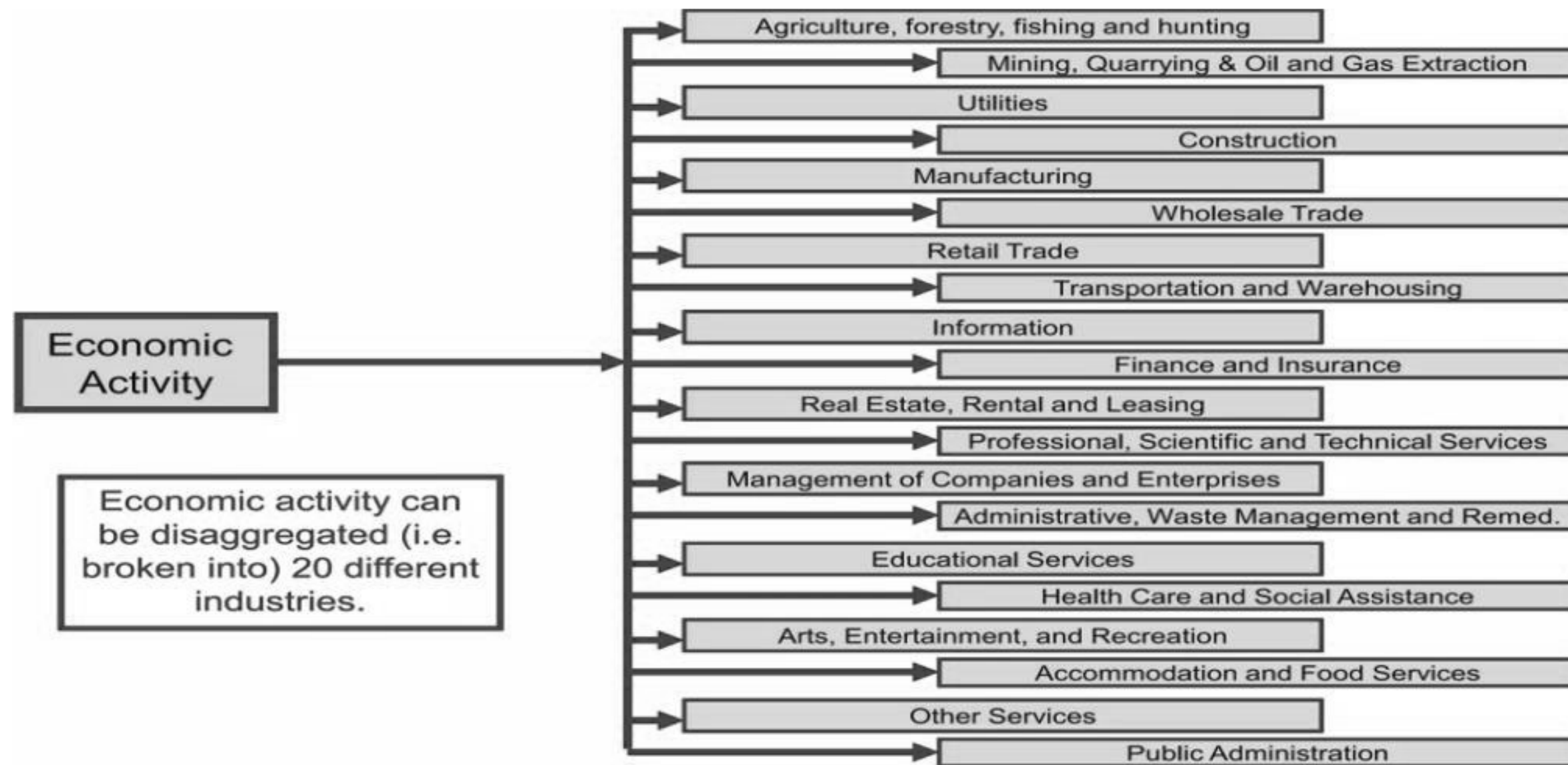
Anna Silva
California Department of Transportation
Office Chief, Certification & Compliance
Office of Civil Rights
anna.silva@dot.ca.gov

NAICS Code - What is it?

- NAICS stands for the North American Industry Classification System.
- It is a standardized system used to classify and categorize businesses and industries in North America.
- The NAICS code system was developed by the statistical agencies of Canada, Mexico, and the United States.
- It replaced the previously used Standard Industrial Classification (SIC) system.
- It provides a consistent framework for collecting, analyzing, and reporting economic activity data.

NAICS Code - What is it?

All economic activities within a country can be grouped into business sectors.



NAICS Code - Industry Sectors

<u>Code</u>	<u>Sector Title</u>	<u>Number of US Entities</u>
11	Agriculture, Forestry, Fishing and Hunting	376,065
21	Mining	33,725
<u>22</u>	Utilities	52,025
<u>23</u>	Construction	1,564,895
<u>31-33</u>	Manufacturing	667,833
<u>42</u>	Wholesale Trade	719,282
44-45	Retail Trade	1,893,740
<u>48-49</u>	Transportation and Warehousing	733,597
51	Information	386,163
52	Finance and Insurance	806,762
	Total US Business Entities	7,234,087

<u>Code</u>	<u>Sector Title</u>	<u>Number of US Entities</u>
53	Real Estate Rental and Leasing	947,112
<u>54</u>	Professional, Scientific, and Technical Services	2,576,732
55	Management of Companies and Enterprises	97,749
56	Administrative and Support and Waste...	1,641,698
61	Educational Services	439,219
62	Health Care and Social Assistance	1,724,350
71	Arts, Entertainment, and Recreation	397,633
<u>72</u>	Accommodation and Food Services	928,144
81	Other Services (except Public Administration)	1,986,470
92	Public Administration	259,365
	Total US Business Entities	10,998,472

NAICS Code - How it's Used

- Business Classification: classify businesses into specific industry sectors.
- Business Registration and Reporting: When registering a business or filing reports with government agencies, such as the Internal Revenue Service (IRS).
- Government Procurement and Contracting: The NAICS code is used in government procurement and contracting processes.
- DBE/ACDBE Certification: All firms must be certified in the specific available NAICS code for the type of work they perform (49CFR§26.73).

NAICS Code -Drilled Down

- The NAICS code is a unique six-digit numerical identifier assigned to the industry or business sector (ex. 541330).
- There are 20 business sectors.
- These sectors are further divided into subsectors.
- The subsectors are then drilled down into Industry Groups.

NAICS Code -Drilled Down

Here's an Example

- NAICS Code: 541330
- 54 – Sector (Prof. Scientific & Tech Srvs.)
- 541 – Subsector (Prof. Scientific & Tech Srvs.)
- 5413 – Industry Group (Architect, Eng. & Related Services)
- 54133 – NAICS Industry (Eng. Services)
- 541330 – National Industry (Eng. Services)

NAICS Code -Drilled Down

▼ 5413	Architectural, Engineering, and Related Services
541310	Architectural Services
541320	Landscape Architectural Services
541330	Engineering Services
541340	Drafting Services
541350	Building Inspection Services
541360	Geophysical Surveying and Mapping Services
541370	Surveying and Mapping (except Geophysical) Services
541380	Testing Laboratories

NAICS Code -Drilled Down

2012 NAICS	2017 NAICS	2022 NAICS	Corresponding Index Entries
541330	541330	541330	Acoustical engineering consulting services
541330	541330	541330	Acoustical system engineering design services
541330	541330	541330	Audio visual system engineering design services
541330	541330	541330	Boat engineering design services
541330	541330	541330	Chemical engineering services
541330	541330	541330	Civil engineering services
541330	541330	541330	Combustion engineering consulting services
541330	541330	541330	Construction engineering services
541330	541330	541330	Consulting engineers' offices
541330	541330	541330	Consulting engineers' private practices
541330	541330	541330	Electrical engineering services
541330	541330	541330	Engineering consulting services
541330	541330	541330	Engineering design services
541330	541330	541330	Engineering services
541330	541330	541330	Engineers' offices

NAICS Code - Drilled Down

541330 Engineering Services

This industry comprises establishments primarily engaged in applying physical laws and principles of engineering in the design, development, and utilization of machines, materials, instruments, structures, processes, and systems. The assignments undertaken by these establishments may involve any of the following activities: provision of advice, preparation of feasibility studies, preparation of preliminary and final plans and designs, provision of technical services during the construction or installation phase, inspection and evaluation of engineering projects, and related services.

Illustrative Examples:

Civil engineering services

Environmental engineering services

Construction engineering services

Mechanical engineering services

Engineers' offices

Robotics automation engineering services

NAICS Code -Drilled Down

Here's another Example

- NAICS Code: 722310
- 72 – Sector (Accommodation & Food Srvs.)
- 722 – Subsector (Food Services & Drinking Places)
- 7223 – Industry Group (Special Food Srvs.)
- 72231 – NAICS Industry (Food Srvs. Contractor)
- 722310 – National Industry (Food Srvs. Contractor)

NAICS Code - Drilled Down

▼ 7223	Special Food Services
722310	Food Service Contractors
722320	Caterers
722330	Mobile Food Services
▼ 7224	Drinking Places (Alcoholic Beverages)
722410	Drinking Places (Alcoholic Beverages)
▼ 7225	Restaurants and Other Eating Places
722511	Full-Service Restaurants
722513	Limited-Service Restaurants
722514	Cafeterias, Grill Buffets, and Buffets
722515	Snack and Nonalcoholic Beverage Bars

NAICS Code - Drilled Down

2012 NAICS	2017 NAICS	2022 NAICS	Corresponding Index Entries
722310	722310	722310	Airline food services contractors
722310	722310	722310	Cafeteria food services contractors (e.g., government office cafeterias, hospital cafeterias, school cafeterias)
722310	722310	722310	Food concession contractors (e.g., convention facilities, entertainment facilities, sporting facilities)
722310	722310	722310	Food service contractors, airline
722310	722310	722310	Food service contractors, cafeteria
722310	722310	722310	Food service contractors, concession operators (e.g., convention facilities, entertainment facilities, sporting facilities)
722310	722310	722310	Food service contractors, industrial
722310	722310	722310	Food service contractors, institutional
722310	722310	722310	Industrial caterers (i.e., providing food services on a contractual arrangement (except single-event basis))

NAICS Code - Drilled Down

722310 Food Service Contractors

This industry comprises establishments primarily engaged in providing food services at institutional, governmental, commercial, or industrial locations of others based on contractual arrangements with these types of organizations for a specified period of time. The establishments of this industry provide food services for the convenience of the contracting organization or the contracting organization's customers. The contractual arrangement of these establishments with contracting organizations may vary by type of facility operated (e.g., cafeteria, restaurant, fast-food eating place), revenue sharing, cost structure, and personnel provided. Management staff is always provided by food service contractors.

Illustrative Examples:

Airline food service contractors

Food concession contractors (e.g., at sporting, entertainment, convention facilities)


Cafeteria food service contractors (e.g., at schools, hospitals, government offices)

NAICS Code - Your Code

- IRS Filings

Form **1120S** U.S. Income Tax Return for an S Corporation
Department of the Treasury Internal Revenue Service
▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
▶ Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

For calendar year 2015 or tax year beginning _____, 2015, ending _____

A S election effective date 1/01/2012	TYPE OR PRINT	
B Business activity code number (see instructions) 238900		
C Check if Schedule M-3 attached <input type="checkbox"/>		

Schedule B Other Information (see instructions)

1 Check accounting method: a Cash b Accrual c Other (specify) ▶ _____

2 See the instructions and enter the:
a Business activity ▶ **Construction** b Product or service ... ▶ **Concrete**

3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation.

4 At the end of the tax year, did the corporation:
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below.

NAICS Code - Where to Look

 An official website of the United States government



North American Industry Classification System

Main	History	Development Partners	Federal Register Notices	FAQs	Reference Files ▾	Search Results	NAPCS
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NAICS Search

Enter keyword or 2-6 digit code

Enter keyword or 2-6 digit code

Enter keyword or 2-6 digit code

2022 NAICS Definition

T = Canadian, Mexican, and United States industries are comparable.

541330 Engineering Services

This industry comprises establishments primarily engaged in applying physical laws and principles of engineering in the design, development, and utilization of machines, materials, instruments, structures, processes, and systems. The assignments undertaken by these establishments may involve any of the following activities: provision of advice, preparation of feasibility studies, preparation of preliminary and final plans and designs, provision of technical services during the construction or installation phase, inspection and evaluation of engineering projects, and related services.

NAICS Code - Where to Look

An official website of the United States government



North American Industry Classification System

- Main
- History
- Development Partners
- Federal Register Notices
- FAQs
- Reference Files ▾
- Search Results
- NAPCS

NAICS Search

Enter keyword or 2-6 digit code

Enter keyword or 2-6 digit code

Enter keyword or 2-6 digit code

Search Results

- 722310 **Food** service contractors, concession operators (e.g., convention facilities, entertainment facilities, sporting facilities)
- 722310 **Food** service contractors, industrial
- 722310 **Food** service contractors, institutional
- 722310 Industrial caterers (i.e., providing **food** services on a contractual arrangement (except single-event basis))
- 722330 **Food** carts and trucks, mobile
- 722330 **Food** concession stands, mobile

NAICS Code - Regulations

- *49 CFR §26.31 – Must have a Directory that lists each type of work a firm is eligible to be certified.*
- *49 CFR §26.45 – Goal Setting Process, used to check the relative availability of DBEs.*
- *49 CFR §26.53 – Counting Rules; describes work a DBE will perform.*
- *49 CFR §26.71 – Certification Rules, must be certified in the most specific available NAICS code for that type of work.*

NAICS Code - Links

- ▶ United States Census Bureau
 - <https://www.census.gov/naics/>

ONLINE APPLICATION PORTAL

Demo: How to Complete the Online Application



Vicki Padilla

Strategic Account Director
B2Gnow

B2G NOW

Online Application Process

Vicki Padilla

June 2024



Ethnicity & Gender Data Sources

The options and order used to identify ethnicity and gender are based on whether an organization certifies. Options include:

- The active certification record in linked directories
- The active certification record in non-linked directories
- Inactive certification records
- Vendor Profile>>Main tab

Speak with your Account Management team to get clarification for your specific situation.

Submitting an Online Application

- Accessing the system
- Basic system navigation
- Starting the application
- Completing questions
- Submitting documents
- Signing the application
- Submitting the application

California Unified Certification Program

Welcome to the California Unified Certification Program Certification Portal! The CAUCP is responsible for DBE certification in the state of California and provides firms with "one-stop" shopping.

To apply for DBE certification you may contact any one of the ten CUCP Certifying Partners - Los Angeles County Metropolitan Transit Authority (LA Metro), San Diego County Regional Airport Authority (SDCRAA), San Francisco Bay Area Rapid Transit District (BART), San Francisco International Airport (SFO), San Francisco Municipal Transportation Agency (SFMTA), San Mateo County Transit District (SAMTrans), Santa Clara Valley Transportation Authority (VTA), City of Los Angeles, City of Fresno, California Department of Transportation (Caltrans) - by clicking on their logo.

Vendor Certification
 Search our database of DBE/ACDBE certified vendors
[Find a California Certifying Agency](#)
[Search for Certified Firms](#)

System Training
 Learn how to fully utilize our system with a live trainer
[Training](#)

California Work Codes
 Click the link below to view the California Work Codes Guide
[Work Code Guide](#)



[OUR MAIN SITE](#)

[CONTACT SUPPORT](#)



Vendor Certification

Search and/or join our database of certified vendors

[Apply for / Renew Certification](#)

About the System

Learn more about this system and how it works today

[Information for Vendors](#)

Disadvantaged Business

System Access Login

Username

[FORGOT USERNAME / ACCOUNT LOOKUP](#)

Password

[FORGOT PASSWORD](#)

Remember Username

Login

Search and/or join our database of certified vendors

Apply for / Renew Certification

Learn more about this system and how it works today

Information for Vendors



[OUR MAIN SITE](#)

[CONTACT SUPPORT](#)



Vendor Certification

Search and/or join our database of certified vendors

[Apply for / Renew Certification](#)

About the System

Learn more about this system and how it works today

[Information for Vendors](#)

Online Certification

Welcome!

Please login or create an account to apply for certification, and/or provide annual updates and renewal information to us.

Need Help?

- [Download the user manual](#)
- [Sign up for a Training Class](#)

You may already have an account due to working relationships with other agencies. Therefore, prior to creating a new account, it is always best to Lookup Account to ensure you are not currently in the system.

New Certification

Your firm is not currently certified.

[Create Account](#)

I Forgot My Username & Password

[Lookup Account](#)

Renew Your Certification

I Know My Username & Password

[Login](#)

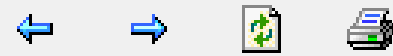
I Forgot My Username & Password

[Lookup Account](#)

After logging in to your account, you will be directed to the application form. You can also click the Apply for Certification link on the right side of the "Dashboard." If you require technical assistance while completing the application, please use our [online support form](#).



B2Gnow



Home

View >>

Search >>

Message >>

Settings >>

Help & Support >>

Logoff

[Show All](#)

[Hide All](#)

Dashboard

Displaying records assigned to your company ▼

Certification Applications

	Pending Submission	Pending Receipt	Pending Processing
Status	0	<u>1</u>	0

Certifications

	Active	Pending	Renewing
Status	0	<u>1</u>	0

Certification Center

⚠ If your firm holds active certifications (SBE/MBE/WBE/DBE/HUB/etc) from any organization, [submit a request](#) to add them to your account.

Key Actions

[Renew/Apply for Certification](#)

[Take a Training Class](#)

[Watch a Training Video](#)

[Activate Enhanced Account Security](#)

Alerts

No Activated Alerts. [View Pending Alerts](#).

Configure

[Change Your Password](#)

[Activate Enhanced Account Security](#)

[Edit Your User Account Settings](#)

[View, Vote, & Post to the Wish List](#)

[Business Info](#)

[Profile Setup](#)

[List/Add Users](#)

[Main Contacts](#)

[Commodity Codes](#)

[EEO/Workforce](#)

[Comp.](#)

System News

Activate/Manage Enhanced Account Security -- use multi-factor authentication to provide an extra layer of security for your account.



[Enhanced Account Security](#)

Special Features for Vendors

Do you have success story to share related to our program? [Share your testimonial](#) so we can recognize your accomplishment!

[Check out the system Wish List](#) to submit ideas for system enhancements, vote on others' suggestions, and join the discussion by adding comments. We welcome your feedback to build a better system.

If your firm is certified (SBE, DBE, MBE, WBE, etc.), active records will appear in the "Certification Center" on the left side of this Dashboard. You can take two important actions:

1. [Add a date alert](#) to an active certification to remind you of an upcoming renewal. You can add multiple alerts to any active certification -- for example 90 days, 60 days, and 30 days before the renewal is due.
2. If your firm holds a certification that is not listed, [submit a missing certification request](#). Our customer support team will review the supporting documentation and take action to add the record to ensure your profile is complete and up-to-date.

Training Classes & Events

Learn more about the system with our regular training classes and see upcoming events relevant to your business -- [View details](#).

- [View events & RSVP today](#)

 [View New System News](#)

Transactions: Events & Training Classes

Events may be available to attend. Click the links in the Action column to view information and details of a particular event. You can adjust the filters and date range to expand or narrow the list. Click Reset Filters to return to the default filters.

From: To:

To resort click column title. To filter click drop down menu.

[Refresh List](#) [Reset Filters](#)

Actions	Status	RSVP	Event	▲ Event Date	Type	Coordinator
	<input type="text" value="All"/>	<input type="text" value="All"/>	<input type="text" value="All"/>		<input type="text" value="All"/>	<input type="text" value="All"/>
RSVP	Open, 71 space(s) left		Online Certification Application - Vendor Training	6/22/2023	Training	Jessica Van Wert
RSVP	Open, 113 space(s) left		Utilization Plan - Vendor training	6/26/2023	Training	Jessica Van Wert
RSVP	Open, 124 space(s) left		Introduction to the System - Vendor training	6/26/2023	Training	Jessica Van Wert
RSVP	Open, 154 space(s) left		Online Certification Application - Vendor Training	6/28/2023	Training	Jessica Van Wert
RSVP	Open, 162 space(s) left		Contract Compliance Reporting - Vendor Training	6/29/2023	Training	Jessica Van Wert
RSVP	Open, 195 space(s) left		Online Certification Application - Vendor Training	7/6/2023	Training	Jessica Van Wert
RSVP	Open, 196 space(s) left		Contract Compliance Reporting - Vendor Training	7/6/2023	Training	Jessica Van Wert
RSVP	Open, 195 space(s) left		Introduction to the System - Vendor training	7/7/2023	Training	Jessica Van Wert
RSVP	Open, 193 space(s) left		Utilization Plan - Vendor training	7/18/2023	Training	Jessica Van Wert

1 - 9 of 9 records displayed: Previous Page < Page > Next Page

Records per page

Video Library

[Document Library](#) [Video Library](#) [Training Classes](#) [Wish List](#)

Select a category: [All Categories](#) ▼ New Only

Core Training - Vendor	
Contract Compliance Reporting	Complete step-by-step instructions for responding to Contract Audits and Discrepancy notices.
Hire Module	Overview of the Hire module for vendors.
Introduction to the System	System Navigation and Vendor Profile.
Online Certification Application	How to use the system to submit a paperless online certification application.
Sales Reporting	Complete step-by-step instructions for completing and submitting sales reports.
Utilization Plans - Vendor	Complete step-by-step instructions for completing and submitting utilization plans.
Vendor Registration/Prequalification	Learn how to access and complete Vendor Registration forms.



Dashboard Displaying records assigned to **your company** ▼

Certification Applications	Pending Submission	Pending Receipt	Pending Processing
Status	0	1	0

Certifications	Active	Pending	Renewing
Status	0	1	0

Key Actions

[Renew/Apply for Certification](#)
[Take a Training Class](#)
[Watch a Training Video](#)
[Activate Enhanced Account Security](#)

Certification Center

⚠ If your firm holds active certifications (SBE/MBE/WBE/DBE/HUB/etc) from any organization, [submit a request](#) to add them to your account.

Alerts

No Activated Alerts. [View Pending Alerts](#).

Configure

Change Your Password	Business Info
Activate Enhanced Account Security	Profile Setup
Edit Your User Account Settings	List/Add Users
View, Vote, & Post to the Wish List	Main Contacts
	Commodity Codes
	EEO/Workforce Comp.

Welcome to the California Unified Certification Program (CUCP) online application for Disadvantaged Business Enterprises (DBE) and Airport Concessions Disadvantaged Business Enterprises (ACDBE).

Need Help?

[User manual](#)

[Sign up for a Training Class](#)

The CUCP Disadvantaged Business Enterprise/Airport Concessions Disadvantaged Business Enterprise Program (DBE/ACDBE) objectives are to ensure nondiscrimination in the award and administration of United States Department of Transportation (USDOT)-funded contracts; to create a level playing field on which DBE/ACDBEs can compete fairly for USDOT-funded contracts; to ensure the CUCP DBE/ACDBE program is narrowly tailored in accordance with applicable rules and regulations; to ensure only firms that fully meet 49 CFR Part 26 and 23 eligibility standards are permitted to participate as DBE/ACDBEs; to help remove barriers to the participation of DBE/ACDBEs in USDOT-funded contracts; to assist the development of firms that can compete successfully in the marketplace outside the DBE/ACDBE program; and to provide appropriate flexibility to recipients of Federal financial assistance in establishing and providing opportunities for DBE/ACDBEs.

Qualifications for Certification

[Qualifications for Certification](#)

Select an Option

[Your business is currently certified by California Department of Transportation.](#)

[Your business is currently **NOT** certified by California Department of Transportation or any other CUCP partners.](#)

CUCP Partners include: California Department of Transportation, City of Los Angeles (BCA & LAWA), Los Angeles County Metropolitan Transportation Authority, San Diego International Airport, S.F. Bay Area Rapid Transit District (BART), San Francisco Municipal Transportation Authority (SFMTA), City of Fresno, San Mateo County Transit District (SAMTRANS), and Santa Clara Valley Transportation Authority (VTA).

[Your business is located in California.](#)

[Submit a New DBE/ACDBE application.](#)

[Your business is not located in California.](#)

New DBE/ACDBE Application for California Department of Transportation

This application is for first time applicants seeking DBE/ACDBE certification.

First time applicants for DBE/ACDBE certification must complete and submit this certification application and related material to the certifying agency in California and participate in a mandatory on-site, telephonic, or virtual (options due to COVID-19 Safer at Home restrictions) interview conducted by that agency. The listed document checklist can help you locate the items you need to submit to the agency with your completed application. If you fail to submit the required documents, your application may be delayed and/or denied. Firms already certified as a DBE/ACDBE do not have to complete this form, but may be asked by certifying agencies outside of California to provide a copy of your initial application form, supporting documents, and any other information you submitted to California to obtain certification or to any other state related to your certification.

Need Help?
[User manual](#)
[Sign up for a Training Class](#)

As a transportation agency in your state that performs certification functions, we will contact you about eligibility standards. Caltrans is a member of a statewide Unified Certification Program (UCP), which is required by the U.S. Department of Transportation. The UCP is a "one-stop shop" certification program that eliminates the need for your firm to obtain certification from multiple certifying agencies within your state. The UCP is responsible for certifying firms and maintaining a database of certified DBEs and ACDBEs, pursuant to the eligibility standards found in 49 C.F.R Parts 26 and 23.

If you have you have any questions, please email us at dbec@certification.ca.gov.

Company & Contact Information

Select a company type and application auto-fill option. Confirm or enter your personal and company email addresses to permit us to contact you quickly for technical support, if needed.

BUSINESS NAME * This application is for **Vicki's SCH Test**
 This application is for a different firm

YOUR EMAIL ADDRESS *

COMPANY EMAIL *

COMPANY TYPE *

AUTOFILL * Use existing account information to auto-fill application

Eligibility Requirements

The following basic criterion is used to evaluate eligibility for certification. However, meeting these basic items does not guarantee that an application will be approved. This is only intended as a general overview to see if your firm should apply for certification.

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

Is your firm at least 51%-owned by a socially and economically disadvantaged individual(s) who also controls it?

Yes No

Is the disadvantaged owner a U.S. citizen or lawfully admitted permanent resident of the U.S.?

Yes No

Is your firm a small business that meets the Small Business Administration's (SBA's) [size standard](#) and does not exceed \$30.40 million in gross annual receipts for firms applying for DBE or \$56.42 for firms applying for ACDBE certification?

Yes No

Is your firm organized as a for-profit business?

Yes No

Does the personal net worth (PNW) of majority owner(s) claiming to be socially and economically disadvantaged exceed \$1.32 million with regulatory exclusions?

Yes No

Is your firm located in California?

Yes No

In addition to completing an application form, you will be required to submit supporting documents with your application.

Mandatory documents must be submitted with your application; there are no exceptions. **Required** documents must be submitted if applicable to the type of your firm and nature of its work. If you have any questions, please contact the organization before starting.

Review the items below **before** beginning the process to ensure you are able to and are comfortable providing the requested information. If you are unable or unwilling to provide the **Mandatory** documents, **do not proceed**. Failure to submit the attachments without an explanation as to why any such attachment was not provided will result in a delay in processing and your firm could ultimately be denied certification.

NOTE: Some required documents may not be represented here in this document preview.

This document list will continue to be available after you start the application (click the **Documents** tab). You can also print the list to [your printer](#) or a [PDF file](#).

Check this box and click **Continue** to start the application process.

ALERT: to ensure security of your New DBE/ACDBE Application, only **YOU** will have access to this record once it is created. By starting the process, it will initially be assigned to you, and no one else can access unless you reassign it to another user for completion or explicitly grant access by clicking the Utilities tab and adding a user to the Access List.

Timeline: you will have **90 days** to complete and submit this New DBE/ACDBE Application. Otherwise, the record will self-delete on **9/6/2023**. Periodic reminders will be sent to you by email up to that point. A deleted New DBE/ACDBE Application cannot be recovered; you will need to start again.

Continue

Return

Mandatory Documents

All mandatory documents must be provided with the New DBE/ACDBE Application. Failure to submit a mandatory document will result in a delay in processing and/or could result in denial.

Affidavit of Certification

[Download Form](#) -- Download, sign, date and notarize.

Personal Net Worth Statement

[Download Form](#) -- For each socially and economically disadvantaged owners who the applicant firm relies upon to satisfy the Regulations 51% ownership requirement. Download, sign, date and notarize.

Personal signed Federal Income tax returns (Form 1040) including all schedules and attachments for the past 3 years for each disadvantaged owner, including W-2s and/or 1099 (if applicable)

For socially and economically disadvantaged owners who the applicant firm relies upon to satisfy the Regulations 51% ownership requirement.

Federal Corporate signed tax returns filed by the firm and its affiliates with all schedules and attachments, for the past 3 years

Include requests for extensions. Sign and dated.

Proof of citizenship

I.E., passport, birth certificate, naturalization certificate, etc.

Personal signed Federal tax returns filed by the firm and its affiliates (if revenue reported in the 1040) with all schedules and attachments, for the past 5 years

Sign and dated.

Bank authorization and signatory cards

Required Documents

Required documents must be provided when applicable to your firm. Failure to submit a required document without an explanation as to why any such attachment was not provided will result in a delay in processing and/or could result in denial.

Licenses, license renewal forms, permits, and haul authority forms

Please provide copies of current State and/or State of California license(s) or permit(s).

DBE/ACDBE and SBA 8(a), SDB, MBE/WBE certifications, denials, and/or decertifications

Include any U.S. DOT appeal decision on these actions.

Insurance agreements for each truck owned or operated by applicant firm and U.S. DOT numbers

Proof of warehouse/storage facility ownership or lease arrangements

Title(s), registration certificate(s), and U.S. DOT numbers for each truck owned or operated by your firm

Year-end balance sheets and income statements for the past 3 years (or life of firm, if less than 3 years)

Audited financial statements

Personal Federal tax returns including all schedules and attachments for the past 3 years, if applicable, for other disadvantaged owners of the firm

SUPPLIERS - List of distribution equipment owned and/or leased

SUPPLIERS - List of product lines carried

Certification Application: Main Summary

Help & Tools 

Main Documents Signature Submit Utilities Cert List

Vicki's SCH Test

Type: New DBE/ACDBE Application

App #: 4136567

Status: **Incomplete**

Started: 6/8/2023

0% complete

Fill in each of the sections noted below by clicking the **Fill In** buttons; edit a completed section by clicking **Edit**. You can complete the sections in any order, and the system will save your information as you go. Once all sections have been completed, the application will be complete and you will be able to sign and submit.

The Contact Person noted below is the only user authorized to access this application. If someone else needs access, change the contact by clicking the drop down menu or grant them access on the Utilities tab.

Need Help?

[User manual](#)

[Sign up for a Training Class](#)



New DBE/ACDBE Application Information

TYPE	New DBE/ACDBE Application
CERTIFYING AGENCY	California Department of Transportation
BUSINESS NAME	Vicki's SCH Test
CURRENT STATUS	Incomplete
APPLICATION NUMBER	4136567
DATE FOR DELETION	9/6/2023 (Extend)
CONTACT PERSON	<input type="text" value="Vicki Test"/> (Add user not on list)

This is the assigned user for this New DBE/ACDBE Application. To ensure security of the record, only YOU have access unless you reassign it to another user for completion or explicitly grant access by clicking the Utilities tab and adding a user to the Access List.

Sections and Documentation

SECTION 1: CERTIFICATION INFORMATION - BASIC CONTACT INFORMATION	➔ <input type="button" value="Fill In"/>	Incomplete: 0 completed of 8 required; 0 completed of 3 optional
SECTION 1: CERTIFICATION INFORMATION - PRIOR/OTHER CERTIFICATIONS AND APPLICATIONS	➔ <input type="button" value="Fill In"/>	Incomplete: 0 completed of 3 required; 0 completed of 0 optional
SECTION 2: GENERAL INFORMATION - BUSINESS PROFILE	➔ <input type="button" value="Fill In"/>	Incomplete: 0 completed of 10 required; 0 completed of 6 optional
SECTION 2: GENERAL INFORMATION - RELATIONSHIPS AND DEALINGS WITH OTHER BUSINESSES	➔ <input type="button" value="Fill In"/>	Incomplete: 0 completed of 8 required; 0 completed of 0 optional
SECTION 3: MAJORITY OWNER INFORMATION	➔ <input type="button" value="Fill In"/>	Incomplete: 0 completed of 1 required; 0 completed of 0 optional
SECTION 4: CONTROL - OFFICERS & BOARD OF DIRECTORS	➔ <input type="button" value="Fill In"/>	Incomplete: 0 completed of 4 required; 0 completed of 0 optional
SECTION 4: CONTROL - MANAGEMENT PERSONNEL	➔ <input type="button" value="Fill In"/>	Incomplete: 0 completed of 3 required; 0 completed of 0 optional
SECTION 4: CONTROL - INVENTORY	➔ <input type="button" value="Fill In"/>	Incomplete: 0 completed of 3 required; 0 completed of 0 optional
SECTION 4: CONTROL - FINANCIAL INFORMATION	➔ <input type="button" value="Fill In"/>	Incomplete: 0 completed of 5 required; 0 completed of 0 optional
SECTION 4: CONTROL - LICENSES & CONTRACTS	➔ <input type="button" value="Fill In"/>	Incomplete: 0 completed of 3 required; 0 completed of 1 optional
SECTION 6: WORK AREAS	➔ <input type="button" value="Fill In"/>	Incomplete: 0 completed of 1 required; 0 completed of 0 optional
DOCUMENT LIST	➔ <input type="button" value="Fill In"/>	Incomplete: 0 attached of 17 mandatory; 0 attached of 15 required

Signature and Submittal	
SIGNATURE	 <input type="button" value="Sign"/>
SUBMITTAL	 <input type="button" value="Submit"/>

Certification Application: Section 1: Certification Information - Basic Contact Info

Help & Tools

Main Documents Signature Submit Utilities Cert List

Vicki's SCH Test

Type: New DBE/ACDBE Application

App #: 4136567

Status: **Incomplete**

Started: 6/8/2023

0% complete

Please answer all questions as completely as possible and that are applicable to your business. Questions highlighted in red are required and must be completed in order to submit your application. Questions highlighted in yellow are optional; please complete all those that apply to your business.

Click **Save Draft** frequently while filling out the form to ensure that your information is saved. Once saved, you can return to the section at any time to continue. Some questions may not be shown in this section due to your company type.

Question Color Coding

- Required & incomplete
- Optional & incomplete
- Complete

Save Draft

Save & Return to Summary

Cancel

* required entry

Section Status

SECTION 1: CERTIFICATION	Incomplete
INFORMATION - BASIC CONTACT	- 8 incomplete out of 8 required
INFORMATION SECTION STATUS	- 3 incomplete out of 3 optional

Section Questions

1.A.1. Contact person and Title *

Required



HELP

First Name

Last Name

Title

Vicki

Test

1.A.2. Legal name of firm *

Required



HELP

Vicki's SCH Test

1.A.3. Phone # *

Required



HELP

303

444-7777

Ext.

1.A.4. Other Phone

Optional



HELP

Ext.

1.A.5. Fax

Optional



HELP

1.A.6. E-mail *

Required



HELP

vickisctest@b2gnowtest.com

1.A.7. Firm Websites

Optional



HELP

1.A.8.a. Street address of firm *

Required



HELP

No P.O. Box

1200 Pennsylvania Avenue, N.W.	Address line 1
	Address line 2
	Address line 3
Washington	City
DC	20460
	State, Zip, Zip4

1.A.8.b. County/Parish of Street Address *

Required

None selected [Save page](#) to refresh county list if state field has been changed.

1.A.9.a. Mailing address of firm *

Required



HELP

1200 Pennsylvania Avenue, N.W.	Address line 1
	Address line 2
	Address line 3
Washington	City
DC	20460
	State, Zip, Zip4

1.A.9.b. County/Parish of Mailing Address *

Required

None selected [Save page](#) to refresh county list if state field has been changed.

Save Draft Save & Return to Summary Cancel

Section Questions

1.A.1. Contact person and Title *

Required



HELP

First Name

Last Name

Title

Vicki

Test

Owner

1.A.2. Legal name of firm *

Required



HELP

Vicki's SCH Test

1.A.3. Phone # *

Required



HELP

303

444-7777

Ext.

1.A.4. Other Phone

Optional



HELP

Ext.

1.A.5. Fax

Optional



HELP

Section Questions

1.B.9. Please indicate the certification type in which your firm is applying. *

Required

Select all that apply.

- DBE (Disadvantaged Business Enterprise)
 ACDBE (Airport Concessionaire Disadvantaged Business Enterprise)

If you check the ACDBE option to this question and save, an ACDBE section and documents will be added to the application.

1.B.10. Is your firm currently certified for any of the following U.S. DOT programs? *

Required



HELP

Check the appropriate box indicating whether your firm is currently certified in the DBE/ACDBE programs, and provide the name of the certifying agency that certified your firm. List the dates of any site visits conducted by your home state and any other states or UCP members. Also provide the names of state/UCP members that conducted the review.

- No
 Yes: Certified as:

DBE	ACDBE	Certifying Agency
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

List the dates of any site visits conducted by your home state and any other states or UCP members:

Date	State/UCP Member
mm/dd/yyyy	
mm/dd/yyyy	

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

1.B.11. Indicate whether the firm or any persons listed in this application have ever been: *

Required



(a) Denied certification or decertified as a DBE, ACDBE, 8(a), SDB, MBE/WBE firm?

- No
- Yes:

If yes, explain the nature of the action. If you appealed the decision to DOT or another agency, attach a copy of the decision in the document list section.

(b) Withdrawn an application for these programs, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity?

- No
- Yes:

If yes, explain the nature of the action. If you appealed the decision to DOT or another agency, attach a copy of the decision in the document list section.

Save Draft

Save & Return to Summary

Cancel

Section Questions

2.A.1. Give a concise description of the firm's primary activities and the product(s) or services(s) it provides *

Required



HELP

If your company offers more than one product/service, list the primary product or service first. This description may be used in our database and the UCP online directory if you are certified as a DBE or ACDBE.

Test test test

2.A.2.a. Applicable NAICS Code for this line of work *

Required



HELP

Select a Primary NAICS code for the line of work.

[Select Code](#) to search or browse available codes. A pop-up window will display.

Do not type code into text field; use [Select Code](#) lookup.

[Clear Code](#) to remove selection.

2.A.2.b. Additional NAICS Code for this line of work

Optional

[Select Code](#) to search or browse available codes. A pop-up window will display.

Do not type code into text field; use [Select Code](#) lookup.

[Clear Code](#) to remove selection.

2.A.2.c. Additional NAICS Code for this line of work

Optional

[Select Code](#) to search or browse available codes. A pop-up window will display.

Do not type code into text field; use [Select Code](#) lookup.
[Clear Code](#) to remove selection.

2.A.2.d. Additional NAICS Code for this line of work

Optional

[Select Code](#) to search or browse available codes. A pop-up window will display.

Do not type code into text field; use [Select Code](#) lookup.
[Clear Code](#) to remove selection.

2.A.2.e. Additional NAICS Code for this line of work

Optional

[Select Code](#) to search or browse available codes. A pop-up window will display.

Do not type code into text field; use [Select Code](#) lookup.
[Clear Code](#) to remove selection.

2.A.2.f. Additional NAICS Code for this line of work

Optional

[Select Code](#) to search or browse available codes. A pop-up window will display.

Do not type code into text field; use [Select Code](#) lookup.
[Clear Code](#) to remove selection.

2.A.2.g. Additional NAICS Code for this line of work

Optional

[Select Code](#) to search or browse available codes. A pop-up window will display.

Do not type code into text field; use [Select Code](#) lookup.

[Clear Code](#) to remove selection.

2.A.3. This firm was established on *

Required



HELP

10/10/2017

2.A.4. I/We have owned this firm since *

Required

mm/dd/yyyy

2.A.5. Method of acquisition *

Required



HELP

Check all that apply.

Started new business

Bought existing business

Inherited business

Gifted

Merger or consolidation

Other (explain:)

2.A.6.a. Is your firm "for profit"? *

Required

STOP! If your firm is NOT for-profit, then you do NOT qualify for this program and should not fill out this application. If your firm is NOT for-profit, return to the Main tab of the application and click the Delete Application button.

Yes

No

2.A.6.b. Federal Tax ID# *

Required

524567890

2.A.7. Type of Legal Business Structure *

Required

Sole Proprietorship

Corporation

Limited Liability Company

Partnership

Limited Liability Partnership

Other, Describe

2.A.8. Number of employees *

Required



HELP

Enter zero if none for any category. Provide a list of employees, their job titles, and dates of employment, on the Document List.

Full-time

Part-time

Seasonal

2.A.9. Specify the firm's gross receipts for the last 5 years *

Required



HELP

Enter zero for any of the three years if no gross receipts. If firm has not been in business for five years, enter zeros for prior years. Submit copies of the firm's Federal tax returns for each year on the Document List. If there are affiliates or subsidiaries of the applicant firm or owners, you must submit complete copies of these firms' Federal tax returns.

Year	Gross Receipts of Applicant Firm	Gross Receipts of Affiliate Firms	
<input type="text" value=""/>	\$ <input type="text" value=""/>	\$ <input type="text" value=""/>	✗
<input type="text" value=""/>	\$ <input type="text" value=""/>	\$ <input type="text" value=""/>	✗
<input type="text" value=""/>	\$ <input type="text" value=""/>	\$ <input type="text" value=""/>	✗
<input type="text" value=""/>	\$ <input type="text" value=""/>	\$ <input type="text" value=""/>	✗
<input type="text" value=""/>	\$ <input type="text" value=""/>	\$ <input type="text" value=""/>	✗

[+ Add another line](#)

Save Draft

Save & Return to Summary

Cancel

Section Questions

2.B.1. Is your 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? * Required



HELP

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

No

Yes:

Other Firm's/Person's Name	Items Shared/Nature of Shared Facilities

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

2.B.2. Has any other firm had an ownership interest in your firm at present or at any time in the past? *

 **HELP** If Yes, explain below. You may be asked to provide further details and explain whether the arrangement continues.

No

Yes

Name of Business	Address	Type of Business

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the background turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

2.B.3.a. At present, or at any time in the past, has your firm ever existed under different ownership, a different type of ownership, or a different name? *

Required

 **HELP** If you answered "Yes", you may be asked to provide further details and explain whether the arrangement continues.

No

Yes

2.B.3.b. At present, or at any time in the past, has your firm existed as a subsidiary of any other firm? *

Required

 **HELP** If you answered "Yes", you may be asked to provide further details and explain whether the arrangement continues.

No

Yes

2.B.3.c. At present, or at any time in the past, has your firm existed as a partnership in which one or more of the partners are/were other firms? * Required

 **HELP** If you answered "Yes", you may be asked to provide further details and explain whether the arrangement continues.

No

Yes

2.B.3.d. At present, or at any time in the past, has your firm owned any percentage of any other firm? * Required

 **HELP** If you answered "Yes", you may be asked to provide further details and explain whether the arrangement continues.

No

Yes

2.B.3.e. At present, or at any time in the past, has your firm had any subsidiaries? * Required

 **HELP** If you answered "Yes", you may be asked to provide further details and explain whether the arrangement continues.

No

Yes

2.B.3.f. At present, or at any time in the past, has your firm served as a subcontractor with another firm constituting more than 25% of your firm's receipts? *

Required



HELP

If you answered "Yes", you may be asked to provide further details and explain whether the arrangement continues.

No

Yes

Save Draft

Save & Return to Summary

Cancel

* required entry

Section Status

SECTION 3: MAJORITY OWNER
INFORMATION SECTION STATUS

Incomplete
- 1 incomplete out of 1 required

Section Questions

[Add Owner](#)

Save Draft

Save & Return to Summary

Cancel


Section Questions

[Add Another Owner](#)

Owner #1


(1) Full Name *

[Delete entire owner record](#)

 **HELP**

Prefix	First Name *	Middle Name	Last Name *	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Background Information

 **HELP**

(2) Title:

(3) Home Phone #: *

(4) Home Address: *
(Street and Number)

City *

State: *

Zip: *

(5) Gender: * Male Female

(6) Ethnic group membership: * Check all that apply.

- Black Subcontinent Asian
 Hispanic Asian Pacific
 Native American Caucasian
 Other (specify)

(7) U.S. Citizenship: * U.S. Citizen
 Lawfully Admitted Permanent Resident
 Neither

Ownership Interest

(8) Number of years as owner *

 HELP


(9) Percentage owned *

 HELP %

Class of stock owned *

Date acquired *

(10) Initial investment to acquire ownership interest in firm *

 HELP Enter values for all fields. Type 0 if there was no initial investment for a particular type.

Type	Dollar Value
Cash	\$ <input type="text"/>
Real Estate	\$ <input type="text"/>
Equipment	\$ <input type="text"/>
Other	\$ <input type="text"/>

Describe how you acquired your business *

Attach documentation substantiating your investment to the applicable item in the document list.

- Started business myself
- It was a gift from:
- I bought it from:
- I inherited it from:
- Other:

B. Additional Owner Information

(1) Describe familial relationship to other owners and employees *

 **HELP** Enter "none" if no relationship.

(2) Does this owner perform a management or supervisory function for any other business? *

 **HELP** No

Yes:

Name of Business	Function/Title

[Save page](#) to add blank lines. Delete data from all fields in a line and save page to clear line.

(3)(a) 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.)? *

 HELP

No

Yes:

Name of Business	Function/Title	Nature of Business Relationship

[Save page](#) to add blank lines. Delete data from all fields in a line and save page to clear line.

(3)(b) Does this owner work for any other firm, non-profit organization, or is engaged in any other activity more than 10 hours per week? *

 HELP

No

Yes:

Identify this activity:

(4)(a) What is the Personal Net Worth (PNW) of the disadvantaged owner applying for certification? *

 HELP

Not Applicable (this owner is not claiming to be socially and economically disadvantaged)

This owner is claiming to be socially and economically disadvantaged

Personal Net Worth: \$

(4)(b) Has any trust been created for the benefit of this disadvantaged owner? *

 HELP

Not Applicable (this owner is not claiming to be socially and economically disadvantaged)

No

Yes (you may be asked to provide a copy of the trust instrument)

(5) Do any of your immediate family members, managers, or employees own, manage, or are associated with another company? *

 HELP

No

Yes:

Name	Relationship	Company	Type of Business	Own or Manage
				▼
				▼

[Save page](#) to add blank lines. Delete data from all fields in a line and save page to clear line.

Save Draft

Save & Return to Summary

Cancel

Section Questions

4.A.1. Identify your firm's Officers *

Required



Name	Title/Position	Date Appointed	Ethnicity	Gender
		mm/dd/yyyy		
		mm/dd/yyyy		

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

4.A.2. Identify your firm's Board of Directors *

Required



Name	Title/Position	Date Appointed	Ethnicity	Gender
		mm/dd/yyyy		
		mm/dd/yyyy		

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

4.A.3. Do any of the persons listed above perform a management or supervisory function for any other business? *

Required




If 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.

- No
 Yes

Name	Title	Business Name	Function

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

4.A.4. Do any of the persons listed as an Officer or Director 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.) * **Required**

 **HELP** If Yes, identify firm name, person and nature of business relationship.

No

Yes

Firm Name	Person	Nature of Business Relationship

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

Save Draft

Save & Return to Summary

Cancel

Section Questions

4.B.1. Duties of Owners, Officers, Directors, Managers, and Key Personnel *

Required



HELP

Identify your firm's management personnel who are responsible in the following areas. Complete for all Owners, Officers, Directors, Managers and Key Personnel. If personnel has no ownership interest in the firm, enter zero in the Percent Owned field.

1. Sets policy for company direction/scope of operations

Name	Title/Position	Ethnicity	Gender	Percent Owned	Frequency
		▼	▼	%	▼
		▼	▼	%	▼

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

» [Copy records in Section 1 to Sections 2-13 below.](#) Any existing information will be overwritten.

2. Bidding and estimating

Name	Title/Position	Ethnicity	Gender	Percent Owned	Frequency
		▼	▼	%	▼
		▼	▼	%	▼

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

3. Major purchasing decisions

Name	Title/Position	Ethnicity	Gender	Percent Owned	Frequency
		▼	▼	%	▼
		▼	▼	%	▼

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You

4. Marketing and sales

Name	Title/Position	Ethnicity	Gender	Percent Owned	Frequency
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value=""/> %	<input type="text" value="v"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value=""/> %	<input type="text" value="v"/>

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

5. Supervises field operations

Name	Title/Position	Ethnicity	Gender	Percent Owned	Frequency
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value=""/> %	<input type="text" value="v"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value=""/> %	<input type="text" value="v"/>

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

6. Attends bid openings and lettings

Name	Title/Position	Ethnicity	Gender	Percent Owned	Frequency
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value=""/> %	<input type="text" value="v"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value=""/> %	<input type="text" value="v"/>

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

7. Perform office management (billing, accounts receivable/payable, etc.)

Name	Title/Position	Ethnicity	Gender	Percent Owned	Frequency
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value=""/> %	<input type="text" value="v"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value=""/> %	<input type="text" value="v"/>

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

8. Hires and fires management staff

Name	Title/Position	Ethnicity	Gender	Percent Owned	Frequency
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value=""/> %	<input type="text" value="v"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value=""/> %	<input type="text" value="v"/>

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

9. Hire and fire field staff or crew

Name	Title/Position	Ethnicity	Gender	Percent Owned	Frequency
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value=""/> %	<input type="text" value="v"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value=""/> %	<input type="text" value="v"/>

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

10. Designates profits, spending or investment

Name	Title/Position	Ethnicity	Gender	Percent Owned	Frequency
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value=""/> %	<input type="text" value="v"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value=""/> %	<input type="text" value="v"/>

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

11. Obligates business by contract/credit

Name	Title/Position	Ethnicity	Gender	Percent Owned	Frequency
		▼	▼	%	▼
		▼	▼	%	▼

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

12. Purchase equipment

Name	Title/Position	Ethnicity	Gender	Percent Owned	Frequency
		▼	▼	%	▼
		▼	▼	%	▼

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

13. Signs business checks

Name	Title/Position	Ethnicity	Gender	Percent Owned	Frequency
		▼	▼	%	▼
		▼	▼	%	▼

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

4.B.1.a. Do any of the persons listed above perform a management or supervisory function for any other business? *

Required

If Yes, identify the person, their title, the business, and their function.

- No
 Yes

Person	Title	Business Name	Function

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

4.B.1.b. Do any of the persons listed 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.) *

Required



HELP

If Yes, describe the nature of the business relationship

- No
 Yes

Firm Name	Person	Nature of Business Relationship

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

Save Draft

Save & Return to Summary

Cancel

Section Questions

4.C.1. Indicate your firm's inventory of Equipment and Vehicles *

Required



HELP

None

Yes:

Make/Model	Current Value	Owned or Leased by Firm or Owner?	Used as collateral?	Where is item stored?
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

4.C.2. Indicate your firm's Office Space *

Required



HELP

None

Yes:

Office Space Street Address	Owned or Leased by Firm or Owner?	Current Value of Property or Lease
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

4.C.3. Indicate your firm's Storage Space *

Required



HELP

Provide signed lease agreements for the properties listed on the document list.

None

Yes:

Street Address	Owned or Leased by Firm or Owner?	Current Value of Property or Lease
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

Section Questions

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

Required



HELP

No

Yes

4.E.1. Financial/Banking Information *

Required



HELP

Provide bank authorization and signature cards on the document list.

Name of Bank	City	State	The following individuals are able to sign checks on this account
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

4.E.2. Bonding Information *

Required

If you have bonding capacity, identify the firm's bonding aggregate and project limits.

No bonding currently in place

Yes:

Aggregate limit: \$

Project Limit: \$

4.F. Identify all sources, amounts, and purposes of money loaned to your firm including from financial institutions. Identify whether you the owner and any other person or firm loaned money to the applicant DBE/ACDBE. *

Required

HELP Include the names of any persons or firms guaranteeing the loan. Provide copies of signed loan agreements and security agreements on the document list.

No loans outstanding

Yes:

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

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

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

Required

HELP No contributions or transfers over past two years

Yes:

Contribution/Asset	Dollar Value	From Whom Transferred	To Whom Transferred	Relationship	Date of Transfer
					mm/dd/yyyy
					mm/dd/yyyy

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

Save Draft

Save & Return to Summary

Cancel

Section Questions

4.H. List current licenses/permits held by any owner and/or employee of your firm (e.g. contractor, engineer, architect, etc.) *

Required



HELP

Not applicable or no licenses/permits held

Yes:

Name of License/ Permit Holder	Type of License/Permit	Expiration Date	State
		mm/dd/yyyy	▼
		mm/dd/yyyy	▼

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

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

Required



HELP

No contracts in last three years

Yes:

Name of Owner/Contractor	Name/Location of Project	Type of Work Performed	Dollar Value of Contract

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

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

Required

 HELP

No projects currently underway

Yes

Name of Prime Contractor	Project Number	Location of Project	Type of Work	Project Start Date	Anticipated Completion Date	Dollar Value of Contract
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

4.K. Additional Information

Optional

Section Questions

6.1. Identify your firm's geographic area *

Required

Statewide Work Area (ALL 58 Districts)

or

Alameda (1)

Alpine (2)

Amador (3)

Butte (4)

Calaveras (5)

Colusa (6)

Contra Costa (7)

Del Norte (8)

El Dorado (9)

Fresno (10)

Glenn (11)

Humboldt (12)

Imperial (13)

Inyo (14)

Kern (15)

Kings (16)

Lake (17)

Lassen (18)

Los Angeles (19)

Madera (20)

Marin (21)

Mariposa (22)

Mendocino (23)

Merced (24)

Modoc (25)

Mono (26)

Monterey (27)

Napa (28)

Nevada (29)

Orange (30)

Placer (31)

Plumas (32)

Riverside (33)

Sacramento (34)

San Benito (35)

San Bernardino (36)

San Diego (37)

San Francisco (38)

San Joaquin (39)

San Luis Obispo (40)

San Mateo (41)

Santa Barbara (42)

Santa Clara (43)

Santa Cruz (44)

Shasta (45)

Sierra (46)

Siskiyou (47)

Solano (48)

Sonoma (49)

Stanislaus (50)

Sutter (51)

Tehama (52)

Trinity (53)

Tulare (54)

Tuolumne (55)

Ventura (56)

Yolo (57)

Yuba (58)

Certification Application: Document List

Help & Tools 

Main Documents Signature Submit Utilities Cert List

Vicki's SCH Test

Type: New DBE/ACDBE Application

App #: 4136567

Status: **Incomplete**

Started: 6/8/2023

0% complete

Note that some documents are required due to the nature of your firm. Failure to submit the attachments without an explanation as to why any such attachment was not provided will result in a delay in processing and/or could result in denial.

Instructions for attaching files » [click here to show](#)

Note: this New DBE/ACDBE Application allows faxing of documents to the system. To use this option, click the **Attach All Docs Via Fax** button below or any individual Fax link to display and print a fax cover page. Additional instructions will be included on the cover page. Please note that as a condition of your application for certification, you are required to maintain in your office the original documents provided. California Department of Transportation will review these original documents, including the signed and notarized certification affidavit, during the site visit, if applicable. Furthermore, California Department of Transportation reserves the right to inspect in person and/or request original documents by mail of any supporting document at any time during the term of certification. If you cannot submit a document, please submit a Statement of Fact letter on company letterhead under the qualifying owner's signature with a brief explanation.

Status

DOCUMENT LIST STATUS

Incomplete: 0 attached of 17 mandatory; 0 attached of 15 required

DOCUMENT FORMAT

Electronic documents only.

This document checklist is used to securely and confidentially attach electronic files to the application.

Refresh List

Attach All Docs Via Fax

Return

Instructions for Attaching Files

Close

Attach an electronic file

1. To attach an electronic file, click the **Attach** link.
2. In the popup window (you may need to allow your Internet browser to permit popup windows), click the **Browse** button to find the relevant file.
3. Click **Attach File** to upload; for larger files it may take several minutes for the process to complete, depending on your Internet connection.
4. You can attach multiple files to each document type, but take care to attach the correct document(s) for each one.
5. You can upload as many files as needed for a particular document type.
6. Once the file has uploaded, you can close the pop up window.

If a document is not applicable to your firm or situation and is not a required document, click **Not Applicable**. Once **all** documents are attached or marked as not applicable, this section will be complete.










File limitations of electronic attachments

- The types of files that you can attach are restricted to maintain system security. **PDF** format is recommended for all attachments.
- Other files types may not be easily readable by staff and may delay the review of your New DBE/ACDBE Application. TIFF/TIF formatted files are not recommended.
- Attached files are limited to **100.0 MB**. This is not a limitation of the system, but a reasonable maximum size that staff users are able to open and view on their computers.
- Larger files cannot be easily read or printed. If your electronic files exceed the **100.0 MB** limit, you will need to rescan at a lower resolution or compress the file.

Mandatory Documents

Refresh

All mandatory documents listed below must be attached. Do not attach other files in lieu of the requested documents; doing so may result in denial of your New DBE/ACDBE Application and/or delay in processing. If unsure how to proceed, please contact Customer Support.

Attach	Document	Download Form	Document Description	Status
<input type="button" value="Attach"/> or <input type="button" value="Fax"/>	Affidavit of Certification	Download	Download, sign, date and notarize.	 NOT attached
<input type="button" value="Attach"/> or <input type="button" value="Fax"/>	Personal Net Worth Statement	Download	For each socially and economically disadvantaged owners who the applicant firm relies upon to satisfy the Regulations 51% ownership requirement. Download, sign, date and notarize.	 NOT attached
<input type="button" value="Attach"/> or <input type="button" value="Fax"/>	Personal signed Federal Income tax returns (Form 1040) including all schedules and attachments for the past 3 years for each disadvantaged owner, including W-2s and/or 1099 (if applicable)		For socially and economically disadvantaged owners who the applicant firm relies upon to satisfy the Regulations 51% ownership requirement.	 NOT attached
<input type="button" value="Attach"/> or <input type="button" value="Fax"/>	Federal Corporate signed tax returns filed by the firm and its affiliates with all schedules and attachments, for the past 3 years		Include requests for extensions. Sign and dated.	 NOT attached
<input type="button" value="Attach"/> or <input type="button" value="Fax"/>	Proof of citizenship		I.E., passport, birth certificate, naturalization certificate, etc.	 NOT attached
<input type="button" value="Attach"/> or <input type="button" value="Fax"/>	Personal signed Federal tax returns filed by the firm and its affiliates (if revenue reported in the 1040) with all schedules and attachments, for the past 5 years		Sign and dated.	 NOT attached
<input type="button" value="Attach"/> or <input type="button" value="Fax"/>	Bank authorization and signatory cards		-	 NOT attached
<input type="button" value="Attach"/> or <input type="button" value="Fax"/>	Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past 2 years		-	 NOT attached
<input type="button" value="Attach"/> or <input type="button" value="Fax"/>	Documented proof of monetary contributions used to acquire ownership for each owner		(e.g., both sides of cancelled checks)	 NOT attached

<input type="button" value="Attach"/>	or	<input type="button" value="Fax"/>	Schedule of salaries (or other remuneration) paid to all officers, managers, owners, and/or directors of the firm	-	 NOT attached
<input type="button" value="Attach"/>	or	<input type="button" value="Fax"/>	Fictitious Business Name Statement	-	 NOT attached
<input type="button" value="Attach"/>	or	<input type="button" value="Fax"/>	Descriptions of all real estate owned/leased by your firm and documented proof of ownership/signed leases	Including office/storage space, etc.	 NOT attached
<input type="button" value="Attach"/>	or	<input type="button" value="Fax"/>	List of all employees, job titles, and dates of employment	-	 NOT attached
<input type="button" value="Attach"/>	or	<input type="button" value="Fax"/>	List of equipment and/or vehicles owned and leased including VIN numbers, vehicle registration certificate, copy of titles, proof of citizenship, insurance cards for each vehicle	-	 NOT attached
<input type="button" value="Attach"/>	or	<input type="button" value="Fax"/>	Resumes for all owners, officers of firm and key personnel of the applicant	-	 NOT attached
<input type="button" value="Attach"/>	or	<input type="button" value="Fax"/>	Shareholders' Agreement(s)	-	 NOT attached
<input type="button" value="Attach"/>	or	<input type="button" value="Fax"/>	Original and any amendments to Partnership Agreements	-	 NOT attached



AFFIDAVIT OF CERTIFICATION

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 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 the 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 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 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.

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 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 certify 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):

- Female Black American Hispanic American
- Native American Asian-Pacific American
- Subcontinent Asian American Other (specify)

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.

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 socially and economically



U.S. Department of
Transportation

**Personal Net Worth Statement
For DBE/ACDBE Program Eligibility**

OMB APPROVAL NO: [2105-0510](#)
EXPIRATION DATE: 03/31/2025

As of _____

This form is used by all participants in the U.S. Department of Transportation's Disadvantaged Business Enterprise (DBE) and Airport Concession DBE (ACDBE) Programs. Each individual owner of a firm applying to participate as a DBE or ACDBE, whose ownership and control are relied upon for DBE certification must complete this form. Each person signing this form authorizes the certifying agency to make inquiries as necessary to verify the accuracy of the statements made. The agency you apply to will use the information provided to determine whether an owner is economically disadvantaged as defined in the DBE program regulations 49 C.F.R. Parts 23 and 26. **Return form to appropriate certifying agency, not U.S. DOT.**

Applicant Name:		
Residence: (As reported to the IRS) Address, City, State and Zip Code		Residence Phone
Business Name of Applicant Firm		Business Phone
Marital Status: <input type="checkbox"/> Single, <input type="checkbox"/> Married, <input type="checkbox"/> Divorced, <input type="checkbox"/> Union	Spouse's Full Name:	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash and Cash Equivalents	\$	Loan on Life Insurance (Complete Section 5)	\$
Retirement Accounts (IRAs, 401Ks, 403Bs, Pensions, etc.) (Report full value minus tax and interest penalties that would apply if assets were distributed today) (Complete Section 3)	\$	Mortgages on Real Estate Excluding Primary Residence Debt (Complete Section 4)	\$
Brokerage, Investment Accounts	\$	Notes, Obligations on Personal Property (Complete Section 6)	\$
Assets Held in Trust	\$	Notes & Accounts Payable to Banks and Others (Complete Section 2)	\$
Loans from You to the Firm, Other Entities, Individuals, & Other Receivables (Complete Section 6)	\$	Other Liabilities (Complete Section 8)	\$
Real Estate Excluding Primary Residence (Complete Section 4)	\$	Unpaid Taxes (Complete Section 8)	\$
Life Insurance (Cash Surrender Value Only) (Complete Section 5)	\$		
Other Personal Property and Assets (Complete Section 6)	\$		
Business Interests Other Than the Applicant Firm (Complete Section 7)	\$		
Total Assets	\$	Total Liabilities	\$
		NET WORTH	

Required Documents

Refresh

Required documents that are not relevant to your firm can be marked as not applicable. Please use caution when reviewing the document list as failure to submit the attachments without an explanation as to why any such attachment was not provided will result in a delay in processing and/or could result in denial.

Attach	Mark as Not Applicable	Document	Download Form	Document Description	Status
<p><input type="button" value="Lock In"/> Attach each document below or check the box to indicate it is not applicable to your business; then click the Lock In button.</p>					
<input type="button" value="Attach"/> or <input type="button" value="Fax"/>	<input type="checkbox"/>	Licenses, license renewal forms, permits, and haul authority forms		Please provide copies of current State and/or State of California license(s) or permit(s).	NOT attached
<input type="button" value="Attach"/> or <input type="button" value="Fax"/>	<input type="checkbox"/>	DBE/ACDBE and SBA 8(a), SDB, MBE/WBE certifications, denials, and/or decertifications		Include any U.S. DOT appeal decision on these actions.	NOT attached
<input type="button" value="Attach"/> or <input type="button" value="Fax"/>	<input type="checkbox"/>	Insurance agreements for each truck owned or operated by applicant firm and U.S. DOT numbers		-	NOT attached
<input type="button" value="Attach"/> or <input type="button" value="Fax"/>	<input type="checkbox"/>	Proof of warehouse/storage facility ownership or lease arrangements		-	NOT attached
<input type="button" value="Attach"/> or <input type="button" value="Fax"/>	<input type="checkbox"/>	Title(s), registration certificate(s), and U.S. DOT numbers for each truck owned or operated by your firm		-	NOT attached
<input type="button" value="Attach"/> or <input type="button" value="Fax"/>	<input type="checkbox"/>	Year-end balance sheets and income statements for the past 3 years (or life of firm, if less than 3 years)		-	NOT attached
<input type="button" value="Attach"/> or <input type="button" value="Fax"/>	<input type="checkbox"/>	Audited financial statements		-	NOT attached
<input type="button" value="Attach"/> or <input type="button" value="Fax"/>	<input type="checkbox"/>	Personal Federal tax returns including all schedules and attachments for the past 3 years, if applicable, for other disadvantaged owners of the firm		-	NOT attached
<input type="button" value="Attach"/> or <input type="button" value="Fax"/>	<input type="checkbox"/>	SUPPLIERS - List of distribution equipment owned and/or leased		-	NOT attached
<input type="button" value="Attach"/> or <input type="button" value="Fax"/>	<input type="checkbox"/>	SUPPLIERS - List of product lines carried		-	NOT attached
<input type="button" value="Attach"/> or <input type="button" value="Fax"/>	<input type="checkbox"/>	Signed loan and security agreements, and bonding forms		-	NOT attached

Document Download Form Document Description Status

Upload Files Close

Personal signed Federal Income tax returns (Form 1040) including all schedules and attachments for the past 3 years for each disadvantaged owner, including W-2s and/or 1099 (if applicable)

Click **Choose Files** or drag files to **Drop Files Here**, edit details as needed, then click **Upload File(s)**. The files will be uploaded to the system and associated with the document type. You can view the attached files after uploading once the page refreshes. **Any files over 100 MB will be rejected.**

Select Documents to Attach *

No file chosen

Drop Files Here

Mandatory Documents

Refresh



All mandatory documents listed below must be attached. Do not attach other files in lieu of the requested documents; doing so may result in denial of your New DBE/ACDBE Application and/or delay in processing. If unsure how to proceed, please contact Customer Support.

Attach	Document	Download Form	Document Description	Status
<input type="button" value="Attach"/> or <input type="button" value="Fax"/>	Affidavit of Certification Test.docx (DOCX, 11.55 KB) View File Download File Edit Info Delete File	Download	Download, sign, date and notarize.	✔ Attached by Vicki Test on 6/8/2023
<input type="button" value="Attach"/> or <input type="button" value="Fax"/>	Personal Net Worth Statement Test.docx (DOCX, 11.55 KB) View File Download File Edit Info Delete File	Download	Download, sign and notarize	✔ Attached by Vicki Test on 6/8/2023
<input type="button" value="Attach"/> or <input type="button" value="Fax"/>	Personal signed Federal Income tax returns (Form 1040) including all schedules and attachments for the past 3 years for each disadvantaged owner, including W-2s and/or 1099 (if applicable) Test.docx (DOCX, 11.55 KB) View File Download File Edit Info Delete File	-	-	✔ Attached by Vicki Test on 6/8/2023

Sections and Documentation

SECTION 1: CERTIFICATION INFORMATION - BASIC CONTACT INFORMATION	✓ Edit	Complete: 8 completed of 8 required; 0 completed of 3 optional (by Vicki Test, 6/8/2023)
SECTION 1: CERTIFICATION INFORMATION - PRIOR/OTHER CERTIFICATIONS AND APPLICATIONS	✓ Edit	Complete: 3 completed of 3 required; 0 completed of 0 optional (by Vicki Test, 6/8/2023)
SECTION 2: GENERAL INFORMATION - BUSINESS PROFILE	✓ Edit	Complete: 10 completed of 10 required; 0 completed of 6 optional (by Vicki Test, 6/8/2023)
SECTION 2: GENERAL INFORMATION - RELATIONSHIPS AND DEALINGS WITH OTHER BUSINESSES	✓ Edit	Complete: 8 completed of 8 required; 0 completed of 0 optional (by Vicki Test, 6/8/2023)
SECTION 3: MAJORITY OWNER INFORMATION	✓ Edit	Complete: 1 completed of 1 required; 0 completed of 0 optional (by Vicki Test, 6/8/2023)
SECTION 4: CONTROL - OFFICERS & BOARD OF DIRECTORS	✓ Edit	Complete: 4 completed of 4 required; 0 completed of 0 optional (by Vicki Test, 6/8/2023)
SECTION 4: CONTROL - MANAGEMENT PERSONNEL	✓ Edit	Complete: 3 completed of 3 required; 0 completed of 0 optional (by Vicki Test, 6/8/2023)
SECTION 4: CONTROL - INVENTORY	✓ Edit	Complete: 3 completed of 3 required; 0 completed of 0 optional (by Vicki Test, 6/8/2023)
SECTION 4: CONTROL - FINANCIAL INFORMATION	✓ Edit	Complete: 5 completed of 5 required; 0 completed of 0 optional (by Vicki Test, 6/8/2023)
SECTION 4: CONTROL - LICENSES & CONTRACTS	✓ Edit	Complete: 3 completed of 3 required; 0 completed of 1 optional (by Vicki Test, 6/8/2023)
SECTION 6: WORK AREAS	✓ Edit	Complete: 1 completed of 1 required; 0 completed of 0 optional (by Vicki Test, 6/8/2023)
DOCUMENT LIST	✓ Edit	Complete: 12 attached of 12 mandatory; 0 attached, 7 not applicable of 7 required

Signature and Submittal

SIGNATURE	 <input type="button" value="Sign"/>	Pending
SUBMITTAL	 <input type="button" value="Submit"/>	

The electronic signature attests to the accuracy of the certification application.

* required entry

Electronic Signature	
SIGNATURE *	Type your full, legal name as your signature <input type="text" value="Vicki Test"/>
YOUR TITLE *	<input type="text" value="Owner"/>
YOUR ORGANIZATION *	<input type="text" value="Vicki's SCH Test"/>
TODAY'S DATE *	<input type="text" value="6/8/2023"/>

By electronically signing this certification application, I hereby attest that the information contained herein and attached in electronic format is accurate and correctly represents the business, its owners, and its management.

Sign New DBE/ACDBE Application

Cancel

Signature and Submittal

SIGNATURE



Signed (Vicki Test, 6/8/2023)

SUBMITTAL



Pending

Delete New DBE/ACDBE Application

Certification Application: Submit New DBE/ACDBE Application

Help & Tools 

[Main](#) [Documents](#) [Signature](#) [Submit](#) [Utilities](#) [Cert List](#)

Vicki's SCH Test

Status: **Returned For Update, Pending Resubmission**

Type: **New DBE/ACDBE Application**

Started: **6/8/2023**

App #: **1384264**

Application is signed and pending submission > [Submit Application](#)

Submit Your New DBE/ACDBE Application

If you are ready to submit your application, check the box below and click **Submit Application**. Once submitted, the application cannot be edited.

- By submitting this certification application, I acknowledge individually, and on behalf of the applicant business, the policies, rules, and requirements of the program.



Submit New DBE/ACDBE Application



View Your New DBE/ACDBE Application

View and Print New DBE/ACDBE Application

Edit Your New DBE/ACDBE Application

Edit New DBE/ACDBE Application

B2G NOW

Thank You!





QUESTIONS & ANSWERS

WHAT DO I DO NEXT?

IN-PERSON WORKSHOPS

Hands-On Assistance | Public Agency Opportunities | Networking & Resources

June 13, 2024

NORTHERN CALIFORNIA

10:30a – 2:00p

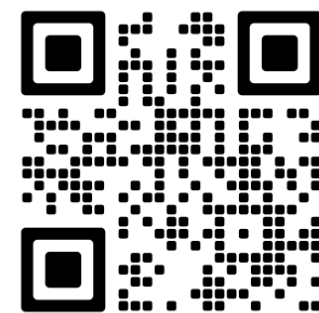
Santa Clara Valley Transportation Authority (VTA)

Auditorium, Building A

3331 North First Street

San Jose, CA, 95134

[Register:](#)



SOUTHERN CALIFORNIA

9:00a – 11:30a

Los Angeles County Metropolitan

Transportation Authority (METRO)

1 Gateway Plaza

Los Angeles, CA 90012

[Register:](#)



THANK YOU!



<https://www.surveymonkey.com/r/Z7BVQX7>

Please provide your feedback to help us improve.

