

# MICHIGAN UNIFIED CERTIFICATION PROGRAM (MUCP) ANNUAL DBE CERTIFICATION AFFIDAVIT

(PLEASE PRINT OR TYPE)

1. AUTHORIZED NAME OF FIRM				2. CONTACT PERSON			
3. STREET ADDRESS OF FIRM <i>(P.O. BOX number alone is not acceptable)</i>					CITY	STATE	ZIP CODE
4. BUSINESS TELEPHONE		5. FAX NUMBER		6. E-MAIL		7. FEDERAL I.D. NO.	
8. TYPE OF FIRM <i>(CHECK ALL THAT APPLY)</i>							
SOLE PROPRIETORSHIP		PARTNERSHIP		CORPORATION		LIABILITY PARTNERSHIP	
LIMITED LIABILITY CORPORATION			JOINT VENTURE		OTHER, DESCRIBE		
9. OWNERSHIP							
NAME	% OWNED	DATE OWNERSHIP ACQUIRED	ETHNICITY	GENDER	US CITIZEN OR LEGAL RESIDENT?		INVESTMENT AMOUNT
					YES	NO	
					YES	NO	
					YES	NO	
					YES	NO	
					YES	NO	
Does this section reflect any changes in ownership since the last application or update affidavit?				Yes	No	<b>must attach resume for new personnel</b>	

<b>10. BOARD OF DIRECTORS</b>				
NAME	TITLE	ETHNICITY	GENDER	DATE APPOINTED
Does this section reflect any changes in board of directors since the last application or update affidavit?    Yes                      No <b>must attach resume for new personnel</b>				
<b>11. OFFICERS</b>				
NAME	TITLE	ETHNICITY	GENDER	DATE APPOINTED
Does this section reflect any changes in board of directors since the last application or update affidavit?    Yes                      No <b>must attach resume for new personnel</b>				
<b>12. NEW MANAGEMENT PERSONNEL (CHECK ALL THAT APPLY):</b>				
FINANCIAL DECISIONS                  ESTIMATING                  HIRING/FIRING OF MANAGEMENT AND OTHER PERSONNEL                  FIELD SUPERINTENDENTS SUPERVISORS/MANAGEMENT/FOREMEN                  CONTRACT EXECUTION, SUBMISSION OR BIDS, QUOTES OR PROPOSALS MARKETING/SALES                  OFFICE MANAGEMENT                  MAJOR PURCHASES				
<b>13. IDENTIFY THE NEW MANAGEMENT PERSONNEL THAT WERE CHECKED ON NUMBER 12 (ATTACH ADDITIONAL SHEET IF NEEDED):</b>				
NAME	TITLE	ETHNICITY	GENDER	

14. DO ANY OF THE PEOPLE LISTED ON QUESTIONS 9, 10,11 OWN OR WORK FOR OTHER FIRMS WHICH HAVE A BUSINESS RELATIONSHIP WITH YOURS? (RELATIONSHIPS INCLUDE BUT ARE NOT LIMITED TO: OWNERSHIP OR OTHER FINANCIAL INTEREST, SHARED OFFICE SPACE, EQUIPMENT RENTAL/LEASING AND SHARING, PERSONNEL SHARING, ETC.)      Yes      No IF YES, IDENTIFY THE FIRM, THE PERSON AND THE BUSINESS RELATIONSHIP.			
FIRM	PERSON	BUSINESS RELATIONSHIP	
15. ARE ANY OF THE PEOPLE LISTED IN QUESTIONS 9, 10, 11 OWNERS, DIRECTORS, OFFICERS, MANAGERS OR EMPLOYEES OF ANY OTHER FIRM? Yes      No IF YES, PLEASE IDENTIFY THE PERSON, THEIR TITLE, BUSINESS AND THEIR JOB DESCRIPTION			
NAME	TITLE	BUSINESS	JOB DESCRIPTION
16. NUMBER OF CURRENT EMPLOYEES:                      FULL-TIME                      PART-TIME			
17. IF NON-MICHIGAN FIRM, IS THE FIRM CURRENTLY CERTIFIED BY HOME STATE?      Yes      No			
18. IS THE FIRM CERTIFIED AS A DBE BY ANY OTHER FEDERAL, STATE, LOCAL AGENCY, OR SBA (8) CERTIFIED?      Yes      No IF YES, ATTACH A COPY OF THE CERTIFICATION(S)			
19. SUBMIT COMPLETE COPIES OF THE FIRM'S MOST CURRENT TAX RETURNS AND DISADVANTAGED OWNERS' MOST CURRENT PERSONAL FEDERAL INCOME TAX RETURNS.			
20. GEOGRAPHIC AREA: PLEASE CHECK ONLY REGIONS/AREAS IN WHICH YOUR FIRM IS WILLING TO MOBILIZE EQUIPMENT & PERSONNEL (See Map):  STATEWIDE      LOWER PENINSULA      UPPER PENINSULA      BAY      GRAND      NORTH      METRO  SOUTHWEST      SUPERIOR      UNIVERSITY			
21. IS THE FIRM REQUESTING NEW WORK CLASSIFICATIONS?      Yes      No IF YES, PLEASE COMPLETE THE ATTACHED WORK CLASSIFICATION REQUEST			
22. LIST CURRENT LICENSES/PERMITS HELD BY ANY OWNER AND/OR EMPLOYEE OF YOUR FIRM (ATTACH ADDITIONAL SHEETS IF NEEDED)			
NAME OF LICENSE/PERMIT	TYPE OF LICENSE/PERMIT	EXPIRATION DATE	LICENSE NUMBER AND STATE



**PERSONAL FINANCIAL STATEMENT**

**U.S. SMALL BUSINESS ADMINISTRATION**

As of \_\_\_\_\_, \_\_\_\_\_

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Residence Address \_\_\_\_\_ Residence Phone \_\_\_\_\_

City, State, & Zip Code \_\_\_\_\_

Business Name of Applicant/Borrower \_\_\_\_\_

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hand & in Banks .....	\$	_____	Accounts Payable .....	\$	_____
Savings Accounts .....	\$	_____	Notes Payable to Banks and Others .....	\$	_____
IRA or Other Retirement Account .....	\$	_____	(Describe in Section 2)		
Accounts & Notes Receivable .....	\$	_____	Installment Account (Auto) .....	\$	_____
Life Insurance-Cash Surrender Value Only .....	\$	_____	Mo. Payments \$ _____		
(Complete Section 8)			Installment Account (Other) .....	\$	_____
Stocks and Bonds .....	\$	_____	Mo. Payments \$ _____		
(Describe in Section 3)			Loan on Life Insurance .....	\$	_____
Real Estate .....	\$	_____	Mortgages on Real Estate .....	\$	_____
(Describe in Section 4)			(Describe in Section 4)		
Automobile-Present Value .....	\$	_____	Unpaid Taxes .....	\$	_____
Other Personal Property .....	\$	_____	(Describe in Section 6)		
(Describe in Section 5)			Other Liabilities .....	\$	_____
Other Assets .....	\$	_____	(Describe in Section 7)		
(Describe in Section 5)			Total Liabilities .....	\$	_____
<b>Total</b>	\$	_____	Net Worth .....	\$	_____
			<b>Total</b>	\$	_____

Section 1. Source of Income	Contingent Liabilities
Salary .....	As Endorser or Co-Maker .....
Net Investment Income .....	Legal Claims & Judgments .....
Real Estate Income .....	Provision for Federal Income Tax .....
Other Income (Describe below)* .....	Other Special Debt .....

Description of Other Income in Section 1.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral



<b>Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).</b>					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

	<b>Section 4. Real Estate Owned.</b> (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)		
	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

**Section 5. Other Personal Property and Other Assets.** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

**Section 6. Unpaid Taxes.** (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

**Section 7. Other Liabilities.** (Describe in detail.)

**Section 8. Life Insurance Held.** (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**PLEASE NOTE:** The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**

# WORK TYPE REQUEST

Complete one form for each new work classification requested. Make additional copies as needed.

COMPANY NAME	WORK CLASSIFICATION CODE
WORK CLASSIFICATION NAME	

1) Describe the work that your company does in this work classification:

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2) List those owners and employees who have responsibility, or whose experience, education and expertise is relied upon in this work classification. For each individual listed, be sure that a complete *Work Experience Resume* has been submitted.

Owners/Key Personnel	Summarize Education and/or Years of Experience in This Work Classification

3) Submit documentation of experience (Government or Private) of this company in this work classification. Provide copies of pages from the largest completed contract, subcontract, purchase order or invoice showing:

- Dollar amount, and
- Specific work performed, service provided or material supplied (include specific items of work and quantities supplied), and
- Signature page and proof of execution

4) List equipment necessary to perform in this work classification. Check if owned, leased or otherwise available.

Equipment Name	Owned	Lease	Other	Equipment Name	Owned	Lease	Other

5) Submit documentation of equipment owned or leased/rented for this work classification, including:

- Registrations, titles, purchase orders and other proofs of purchase of equipment owned by your company, and
- Signed and executed lease or rental agreements for equipment leased or rented by your company

**APPLICANTS FOR SUPPLY WORK CLASSIFICATIONS MUST ALSO COMPLETE THE FOLLOWING**

1) What is your company's relationship to this product or material? Check all that apply.

Manufacturer                       Regular Dealer                       Broker

2) If the company manufactures or substantially alters this product/material, please explain:

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3) Do you maintain an inventory of this product or material? If yes, provide a list showing your current inventory.

Yes                       No

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4) Where do you store your inventory?

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5) Is this space: (Check areas that apply)

Owned                       Rented/Leased                       Other

- Provide proof of ownership, lease/rental or evidence of other arrangements.

6) List the amount of your sales from this product/material for each of the last three years:

Year	Amount of Sales

7) List your company's top three customers for this product/material for the last three years:

Year	Customer 1	Customer 2	Customer 3

8) For this product/material, list suppliers and materials they supply. Attach additional sheets if necessary.

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9) Does your company deliver these products/materials to its'  Yes                       No

10) If not listed previously, list equipment owned or leased by your company to deliver products/materials to customers:

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**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NO CHANGE AFFIDAVIT**

I \_\_\_\_\_, swear<sup>1</sup> (or affirm) that there have been no changes  
(insert name of DBE firm owner(s))  
in \_\_\_\_\_ circumstances affecting its ability to meet the size,  
(insert name of DBE firm)  
disadvantaged status, ownership, or control requirements of 49 CFR Part 26 and 13 CFR Part 121. I swear (or  
affirm) there have been no material changes in the information provided with \_\_\_\_\_'s  
(insert name of your DBE firm)  
application for certification, except for any changes about which I have provided written notice to the **AGENCY**  
that I am certified with pursuant to 49 CFR § 26.83(i). \_\_\_\_\_  
(insert name of agency that maintains your DBE certification file)

I swear (or affirm) 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 in 49 CFR § 26.5,  
without regard to my individual qualities. I further swear (or affirm) that my personal net worth does not exceed \$750,000.00, and that I  
am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital  
and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged  
**(personal net worth is not applicable to airport concessions).**

I specifically swear (or affirm) \_\_\_\_\_ continues to meet the Small Business  
(insert name of DBE firm)  
Administration (SBA) business size criteria/Concessionaire business size criteria (49 CFR part 23) and the  
overall gross receipts cap of 49 CFR Part 26 (overall gross receipt cap of part 26 n/a to airport concessionaires)  
and \_\_\_\_\_ average annual gross receipts (as defined by SBA rules)  
(insert name of DBE firm)  
over the previous three fiscal years do not exceed appropriate North American Industry Classification System  
(NAICS) size standards of the industry in which my business is engaged \_\_\_\_\_. I have attached  
(insert average amount)  
all required personal net worth and company gross receipts documentation (complete personal and company federal tax  
returns with all schedules, etc.) to support this affidavit.

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

On this \_\_\_ day of \_\_\_\_\_, 2004, before me appeared (name) \_\_\_\_\_, to me personally  
known, who, being duly sworn, did execute the foregoing affidavit and did state that he or she was properly authorized by (name of firm)  
\_\_\_\_\_, to execute the affidavit and did so as his or her free act and deed.

(SEAL/STAMP) Notary Public \_\_\_\_\_ Commission Expires \_\_\_\_\_

<sup>1</sup> Knowingly and willfully providing false information to the Federal government is a violation of 18 U.S.C. Section 1001 (False Statements) and  
could subject you to fines, imprisonment or both.

