MARYLAND DEPARTMENT OF TRANSPORTATION

SMALL BUSINESS ENTERPRISE (SBE) PROGRAM CERTIFICATION APPLICATION

49 C.F.R. PART 26.39

All applications should be submitted online:

Maryland Department of Transportation
7201 Corporate Center Dr.
Hanover, MD 21076
1-410-865-1269
1-800-544-6056

COMPLETE ALL ITEMS
If an item does not apply, mark “N.A.”
Use separate sheet(s) for Additional information

ROADMAP FOR APPLICANTS

****If you are MDOT certified as a Disadvantaged Business Enterprise (DBE), you are automatically certified as an SBE and DO NOT need to apply.**

Should I apply?

- Is your firm at least 51% owned by an individual(s) who meets the **DBE** Personal Net Worth threshold of **$2.047 million**?
- Is the 51% owner a U.S. citizen or lawfully admitted permanent resident of the U.S.?
- Is your firm a small business that meets the Small Business Administration’s (SBA) size standard and does not exceed **$30.7 million** in gross annual receipts?
- Is your firm organized as a for-profit business?

If you answered “Yes” to all of the questions above, you **may be** eligible to participate in the MDOT SBE program.

Be sure to attach all of the required documents listed in the Document Checklist at the end of this form with your completed application.

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.

Contact Information:

(1) CONTACT PERSON

Name: _____

Title: _____

(2) Phone Number:

(3) Other Phone:

(4) Legal name of firm:

(5) Fax #: (6) E-mail:

(7) Website (if you have one):

(8) Street address of firm (No P.O. Boxes)

Address1:

Address2:

City: County:

State: Zip Code:

(9) Mailing address of firm (if different)

Address1:

Address2:

City: County:

State: Zip Code:

Business Profile:

Is your firm “for profit”? ☐ Yes ☐ No

(**STOP!** If your firm is NOT for-profit, then you do NOT qualify for this program and do NOT need to fill out this application.)

(1) Describe the primary activities of your firm (include NAICS CODE(s) if known):

(2) Federal Tax ID (if any):

(3) This firm was established on (Date):

(4) I/We have owned this firm since (Date):

(5) Business Structure:

☐ Sole Proprietorship
☐ Limited Liability Corporation
☐ Limited Liability Partnership
☐ Corporation
☐ Partnership

**** (If you are SBA certified, SKIP question (6) below. And provide a copy of your current approval documents.)**

(6) Gross Receipts and Employment Levels:

(Most recent 5 years, provide the gross receipts figures as they were reported on the federal income tax returns. Also, provide the total number of employees that were reported on the business federal and state employer's quarterly reports for each of the respective tax filing reporting periods).

Row	Tax Filing Year	Gross Receipts	# Employees
1.			
2.			
3.			
4.			
5.			

Ownership:

(provide information for all owners.) For additional space, attach a continuation sheet in the format below:

(1) Owners

Owner	Name (First, MI, Last)	Title	% of Ownership
1			
2			
3			
4			

(2) Primary Owner (51% ownership):

CITIZENSHIP:

☐ U.S. Citizen

☐ Lawfully Admitted Permanent Resident

(3) Personal Net Worth:

For 51% owner(s). (Complete and attach the Personal Financial Statement at the end of this application. Attach additional sheets if more than one owner is applying.)

Name of 51% Owner(s):	Personal Net Worth (PNW)
	$
	$

FOR OUTREACH AND STATISTICAL PURPOSES ONLY

(4 a) 51% ownership(s): Check all that apply

☐ African-American

☐ Alaskan Native

☐ Hispanic
☐ Asian Pacific
☐ Native American
☐ Subcontinent Asian
☐ White
☐ Other Ethnic or Racial Group

Other Ethnic or Racial Group (specify): _____

(4 b) Gender:
☐ Male
☐ Female

DECLARATION OF ELIGIBILITY

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

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

I _____ (full name printed), declare under penalty of perjury that I am _____ (title) of the firm _____, all of the foregoing information and statements submitted for eligibility are true, correct, and complete to the best of my knowledge. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

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

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

If awarded a contract, subcontract, concession lease or sublease, as detailed in § 26.55, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency, on an ongoing basis, current, complete and accurate information regarding my firm's (1) commercially useful function (CUF) performed on the project or concession lease; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

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

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

and/or state law.

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

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

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

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

PURSUANT TO 28 USC § 1746:

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

SIGNATURE (OWNER) _____

SMALL BUSINESS ENTERPRISE (SBE) DOCUMENT CHECKLIST

1. ☐ Completed SBE CERTIFICATION APPLICATION.pdf (maryland.gov). Please be sure to **complete all sections of the application** to include listing all owners and the 6-digit NAICS codes requested. If a section does not apply to your business, please write N/A. (North American Industry Classification System (NAICS) U.S. Census Bureau).
2. ☐ Completed **Declaration of Eligibility (DOE)** for ALL owners upon which Small Business Status is relied (see SBE application).
3. ☐ **Proof of U.S. Citizenship** in the form of a U.S. Passport, Permanent Resident Card, Certificate of Naturalization **or birth certificate AND government issued photo identification** (e.g. driver's license or state ID).
4. ☐ Completed Personal (Financial) Net Worth Statement (maryland.gov) for all owners who relied upon disadvantaged status constituting 51% ownership. **ALL** supporting documents should be in PDF format. Supporting documents (**ex: bank statements, for every entry listed on the form, retirement statement, mortgage statement, car note statement, homeowners' insurance**) must be current, complete including **ALL** pages and identify the account holder(s) and account summary information for all separately and jointly owned assets/ liabilities. **According to the new Final Rule issued by the United States Department of Transportation (USDOT) on April 9, 2024, the DBE/ACDBE/SBE Programs excludes retirement assets from PNW calculations.**
5. ☐ Complete copy of **personal federal tax returns** for the past three (3) years for each owner

constituting 51% ownership. Taxes are **REQUIRED** to have a wet (ink) signature with date. Include **ALL** schedules, statements, attachments, worksheets, and footnotes.

6. ☐ Complete copy of **business federal tax returns** for the past five **(5) years or life of the business**. are **REQUIRED** to have an authentic handwritten signature date. Include **ALL** schedules, statements, attachments, worksheets, and footnotes. **(Include business taxes for other businesses owned by the applicant)**.
7. ☐ **Additional Businesses Owned. Please provide business taxes for other businesses owned by the applicant for the past 5 years or life of the business.**
8. ☐ **Year-end financial statements** of the applicant firm for the past three (3) years or life of the firm is less than three years. A new business MUST provide a current financial statement and non-CPA statements are acceptable. Please see example here: https://www.mdot.maryland.gov/MBE_DOCS/financial_statement.pdf

ADDITIONAL DOCUMENTS REQUIRED FOR A SOLE PROPRIETORSHIP

1. A copy of **Trade Name Registration** for ALL certified firms using a Trade Name.

ADDITIONAL DOCUMENTS REQUIRED FOR A LIMITED LIABILITY COMPANY (LLC)

1. Copy of the firm's official **Articles of Organization signed by the State official.** For out-of- state firms, please provide a copy of the business registration (Articles) filed with the State Agency.
2. Copy of the firm's **Original and Amended Operating Agreement.** Please include all attachments and exhibits (see sample here). https://www.mdot.maryland.gov/MBE_DOCS/sample_llc_operating_agreement.pdf.

ADDITIONAL DOCUMENTS REQUIRED FOR A CORPORATION

1. Copy of the firm's official **Articles of Incorporation signed by the State official**. For **out-of-state firms**, please provide a copy of the business registration (Articles) filed with the State Agency.
2. Copies of ALL **Board of Directors and Stockholder meeting minutes**.
3. Copy of **stock ledger** for stock issuing corporation or list of members for non-stock issuing corporation and **ALL stock certificates (please provide current and canceled certificates)**.
4. For purposes of the DBE Programs, stock must be issued to show ownership. (Refer back to Articles of Incorporation to reference issuance of stock).
5. **Original and Amended By-Laws and Shareholders Agreements**. Including all **attachments and exhibits**.

ADDITIONAL DOCUMENTS REQUIRED FOR A PARTNERSHIP

1. **Original and Amended Executed Partnership agreement(s) and/or buy-out rights**.
2. **Profit sharing agreement (executed)**. Please include all attachments and exhibits.

Document information

Rev. 1/2025