

OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below. *(If more than one owner, attach separate sheets for each additional owner.)*

A. Background Information

1) Name:	2) Title:	3) Home Phone #:
4) Home Address: <i>Street & #:</i> _____, <i>City:</i> _____, <i>State:</i> _____ <i>Zip:</i> _____		
5) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	6) Ethnic group membership <i>(check all that apply)</i>	
7) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Other <i>(specify)</i>	
8) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		

B. Ownership Interest

1) Number of years as owner:	2) Initial investment to acquire ownership in firm:	<u>Type</u>	<u>Dollar Value</u>
3) Percentage owned:		Cash	\$
4) Family relationship to other owners:		Real Estate	\$
		Equipment	\$
		Other	\$
5) Shares of Stock:	Number:	Percentage:	Class:
			Date Acquired:
			Method Acquired:
6) Does this owner perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, identify: Name of Business: _____ Function/Title: _____			
7) Does this owner own or work for any other firm(s) that has a relationship with this firm <i>(e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.?)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, identify: Name of Business: _____ Function/Title: _____ Nature of Business Relationship: _____			

C. Disadvantaged Status – NOTE: Complete this section only for each owner applying for DBE qualification (i.e. for each owner claiming to be socially and economically disadvantaged)

1) What is the Personal Networth of the owner(s) applying for DBE Certification? <i>(Use and attach the Personal Networth Statement with this application; attach additional sheets if more than one owner is applying)</i>
2) Has any trust been created for the benefit of this disadvantaged owner(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, explain:

11) Do any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business?

Yes No

If Yes, identify for each: Person: Title:

Business: Function:

12) Do any of the persons listed in (1) through (10) above own or work for any other firm that has a relationship with this firm? *(e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.?)*

Yes No

If Yes, identify for each: Firm Name: Person:

Nature of Business Relationship:

AFFIDAVIT OF CONTINUED ELIGIBILITY

I, _____ (printed name), in the City/County of _____ being duly sworn
deposes and says that he/she is _____ (title) of _____
(print name of organization) and hereby declares under penalty

of perjury that the information in this affidavit is true and correct statement as of the date hereby given. The undersign attests that this firm continues to be owned and controlled by disadvantaged individuals and that the personal net worth of all the owners whose ownership is relied upon for Disadvantaged Business Enterprise (DBE) status does not exceed \$1,320,000 and that the firm continues to be a small business as defined by the Small Business Administration (SBA) in its governing regulation, 13 CFR 121 located at: http://www.sba.gov/idc/groups/public/documents/sba_homepage/sba_010224.pdf

I further attest that I have not been denied bidding privileges or DBE certified under any other federal programs. I acknowledge that the Virginia Department of Minority Business Enterprise (VDMBE) hereby reserves the right to make inquiries in order to verify any information relating to the firm's application and status as an eligible DBE.

I agree that VDMBE will be notified in writing within 30 days of any changes in ownership and/or control, personal net worth and/or size standard that would impact the firm's eligibility to remain in the program.

Notary Certificate, with Notary Seal

City / County of _____

In the Commonwealth / State of _____

The foregoing instrument was subscribed and sworn before me

This _____ day of _____, 20____,

By _____ (name of person / DBE applicant)

Notary Signature

Notary Registration # _____

My Commission expires: _____ (date)

Signature: _____

Date: _____

IMPORTANT NOTE: *In the Commonwealth of Virginia, any false statement is sufficient cause for denial of DBE certification, revocation of a prior approval or suspension, and may subject the person and/or entity making the false statement to any and all civil and criminal penalties under applicable federal and state laws.*