

# San Francisco Bay Area Rapid Transit District

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## Small Business Entity (SBE) Certification Application



To access the BART SBE List visit:

[www.bart.gov/ocr](http://www.bart.gov/ocr)

Dear Business Owner,

Thank you for your interest in the Small Business Entity (SBE) certification program of the San Francisco Bay Area Rapid Transit District (BART). As mandated by the US Department of Transportation, each recipient of funding from the United States Department of Transportation (USDOT) is required to incorporate a small business element into its Disadvantaged Business Enterprise (DBE) Program. The Disadvantaged Business Enterprise Program Small Business Elements (SB Elements) is BART's program created in response to this mandate.

BART is responsible for certification of firms and compiling and maintaining the database of certified firms for the SB Elements. The database is intended to expand the use of SBEs by maintaining complete information on businesses, products and services SBEs can provide to BART and BART's prime contractors seeking qualified subcontractors.

In order to be certified as an SBE your firm must meet each of the following general guidelines:

- a) The firm must be at least 51% owned and controlled by one or more individuals whose personal net worth (PNW) does not exceed \$1.32 million, excluding the individual's ownership interest in the applicant firm and the equity in his/her primary residence.
- b) The firm must be an independent business, and one or more of the owners must control its management and daily operations.
- c) Only an existing, for-profit firm is eligible to be certified as an SBE. SBE applicants are first subject to the applicable small business size standards of the Small Business Administration (SBA). Additionally, the average annual gross receipts for the firm (and its affiliates) must not exceed the USDOT cap of \$22.41 million.
- d) The Applicant must be a U.S. Citizen or a lawfully admitted permanent resident alien.

In addition, applicants may be subject to an on-site visit. You will be notified if an on-site visit is necessary.

**For firms applying for certification as a Micro Small Business Entity (MSBE), all the above requirements apply. In addition, the firm's average annual gross receipts over the three prior years must not exceed \$10 million in the case of construction firms or \$6 million in the case of professional services and procurement firms or the applicable SBA size standard, whichever is less. All SBE applicants will be evaluated to determine if they meet the eligibility criteria for certification as an MSBE. No additional application is required.**

For out of state firms: Firms not domiciled in the state of California are eligible for certification as an SBE. You will be notified if a site visit or additional documentation is required once your application has been processed.

Any incomplete application will not be processed until all required documentation has been received by BART's Office of Civil Rights.

Should you have any questions or require assistance with filing your application for SBE certification please contact:

San Francisco Bay Area Rapid Transit District  
Office of Civil Rights  
300 Lakeside Drive, 18<sup>th</sup> Floor  
Oakland, CA 94604-2688

## Frequently Asked Questions about SBE Certification

### What is an SBE?

A Small Business Entity (SBE) is a for-profit firm at least 51% owned and controlled by one or more individuals whose Personal Net Worth (PNW) does not exceed \$1.32 million. The firm's average annual gross receipts (including its affiliates) over the prior three years must not exceed the size standard established by the Small Business Administration for the types of work for which a firm is seeking SBE certification. In any event, the firm's average annual gross receipts for its three prior years must not exceed \$22.41 million.

### Should I apply for SBE Certification?

You will have to meet specific eligibility requirements to be certified as an SBE. Once you are certified you will eligible to receive credit as an SBE on Federally funded contracts awarded by BART.

- Is your firm at least 51% owned by one or more individual(s) who also controls the firm?
- Are the owner(s) U.S. citizen(s) or lawfully admitted permanent resident(s) of the U.S.?
- Is your firm a small business that meets the Small Business Administration's (SBA's) size standard and does not exceed \$22.41 million in average annual gross 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 BART Small Business Entity (SBE) Program.

### Is there an easier way to apply?

If you are currently certified by the California Unified Certification Program as a Disadvantaged Business Enterprise (DBE) you do not need to take any additional steps to become certified as an SBE. Should your DBE certification expire, be removed or lapse you will no longer be eligible to participate as an SBE.

### How long does it take to process my certification application?

Applications are processed on a first-come, first-served basis. You must be certified prior to the bid or proposal opening for any contract on which you wish to participate as an SBE.

### Where can I find more information?

Visit [www.bart.gov/ocr](http://www.bart.gov/ocr) for more information or contact the BART Office of Civil Rights by calling (510) 464-6100.

The BART SBE Program is a part of the BART DBE Program and is governed by the rules contained in 49 CFR Part 26. Any person or firm who willfully and knowingly provides incorrect information or makes false statements may be referred to the U.S. Department of Justice for prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.

## Frequently Asked Questions about MSBE Certification

### What is an MSBE?

A Micro Small Business Entity (MSBE) is an SBE firm whose average, annual gross receipts in the prior three years do not exceed the following caps: \$10 million for firms whose primary industry classification is construction, \$6 million for firms whose primary industry classification is professional services and \$6 million for firms whose primary industry classification is procurement.

### Should I apply for MSBE Certification?

You will have to meet specific eligibility requirements to be certified as an MSBE. Once you are certified you will be eligible to receive credit as an MSBE on Federally funded contracts awarded by BART *and be eligible to bid on contracts set-aside for MSBE firms*. Any firm who applies for SBE certification will have a determination made during the certification process to see if they qualify as an MSBE. If you complete this application and submit all documentation you will be notified if you qualify as an MSBE.

- Is your firm at least 51%-owned by one or more individual(s) who also controls the firm?
- Are the owner(s) U.S. citizen(s) or lawfully admitted permanent resident(s) of the U.S.?
- Is your firm a small business that meets the Small Business Administration's (SBA's) size standard and is under \$10 million for construction firms or \$6 million for all other firms?
- 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 BART Small Business Entity (SBE) Program.

### Is there an easier way to apply?

If you are currently certified by the California Unified Certification Program as a Disadvantaged Business Enterprise (DBE) please complete Section 1 of the application only. In order to ensure timely processing of your application, attach all of the required documents listed in the Documents Check List at the end of this form with your completed application.

### How long does it take to process my certification application?

Applications are processed on a first-come, first-served basis. You must be certified prior to the bid or proposal opening for any contract in which you wish to participate as an MSBE.

### Where can I find more information?

Visit [www.bart.gov/ocr](http://www.bart.gov/ocr) for more information or contact the BART Office of Civil Rights by calling (510) 464-6100.

The BART SBE Program is a part of the BART DBE Program and is governed by the rules contained in 49 CFR Part 26. Any person or firm who willfully and knowingly provides incorrect information or makes false statements may be referred to the U.S. Department of Justice for prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.

# Instructions for Completing the SBE Certification Application

## Section 1: CERTIFICATION INFORMATION

### A. Prior/Other Certifications

Check the appropriate box indicating for which program your firm is currently certified. If you are already certified as a DBE by the California Unified Certification Program (CUCP), indicate in the appropriate box the name of the certifying agency that has previously certified your firm, and also indicate the firm's DBE certification number.

## Section 2: GENERAL INFORMATION

### A. Contact Information

- (1) State the name and title of the person who will serve as your firm's primary contact under this application.
- (2) State the legal name of your firm, as indicated in your firm's Articles of Incorporation or charter.
- (3) State the primary phone number of your firm.
- (4) State a secondary phone number, if any.
- (5) State your firm's fax number, if any.
- (6) State your firm's or your contact person's email address.
- (7) State your firm's website address, if any.
- (8) State the street address of your firm (i.e. the physical location of its offices -- not a post office box address).
- (9) State the mailing address of your firm, if it is different from your firm's street address.
- (10) If your business is a home based business identify who has title to the property.

### B. Business Profile

- (1) In the box provided, briefly describe the primary business and professional activities in which your firm engages.
- (2) State the Federal Tax ID number of your firm as provided on your firm's filed tax returns, if you have one. This could also be the Social Security number of the owner of your firm.
- (3) Identify the appropriate NAICS code(s) for the line(s) of Work you identified in your business profile.
- (4) State the date on which your firm was officially established, as stated in your firm's Articles of Incorporation or charter.
- (5) State the date on which you and/or each other owner took ownership of the firm.
- (6) Check the appropriate box that describes the manner in which you and each other owner acquired ownership of your firm. If you checked "Other," explain in the space provided.
- (7) Check the appropriate box that indicates whether your firm is "for profit."

NOTE: If you checked "No," to this item then you do NOT qualify for the SBE program and therefore do not need to complete the rest of this application. The SBE program requires all participating firms be for-profit enterprises.

- (8) Check the appropriate box that describes the legal form of ownership of your firm, as indicated in your firm's Articles of Incorporation. If you checked "Other," briefly explain in the space provided.
- (9) Check the appropriate box that indicates whether your firm has ever existed under different ownership, a different type of ownership, or a different name. If you checked "Yes," specify which and briefly explain the circumstances in the space provided.
- (10) Indicate in the spaces provided how many employees your firm has, specifying the number of employees who work on a full-time and part-time basis.
- (11) Specify the total gross receipts of your firm for each of the past three years, as declared in your firm's filed tax returns.

### C. Relationships with Other Businesses

- (1) Check the appropriate box that indicates whether your firm is co-located at any of its business locations, or whether your firm shares a telephone number(s), a post office box, any office space, a yard, warehouse, other facilities, any equipment, or any office staff with any other business, organization, or entity of any kind. If you answered "Yes," then specify the name of the other firm(s) and

briefly explain the nature of the shared facilities or other items in the space provided.

- (2) Check the appropriate box that indicates whether at present, or at any time in the past:
  - (a) Your firm has been a subsidiary of any other firm;
  - (b) Your firm consisted of a partnership in which one or more of the partners are other firms;
  - (c) Your firm has owned any percentage of any other firm; and
  - (d) Your firm has had any subsidiaries of its own.
  - (e) Your firm has served as a subcontractor with another firm constituting more than 25% of your firm's receipts.

If you answered yes to any of the questions in 2(a)-(e), describe the subsidiaries, partnership interests or other arrangements. In addition, explain whether these relationships are continuing today, or if not, when they ended.

- (3) Check the appropriate box that indicates whether any other firm has ever had an ownership interest in your firm.
- (4) If you answered "Yes" to any of the questions in (2)(a)-(d) or (3), identify the name, address and type of business for each.

### D. Immediate Family Member Businesses

Check the appropriate box that indicates whether any of your immediate family members own or manage another company. An "immediate family member" is any person who is your father, mother, husband, wife, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, mother-in-law, or father-in-law. If you answered "Yes," provide the name of each relative, your relationship to them, the name of the company they own or manage, the type of business, and whether they own or manage the company.

## Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below (if your firm has more than one owner, provide completed copies of this section for each additional owner):

### A. Background Information

- (1) Give the name of the owner.
- (2) State his/her title or position within your firm.
- (3) Give his/her home phone number.
- (4) State his/her home (street) address.
- (5) Check the appropriate box that indicates this owner's gender.
- (6) Check the appropriate box that indicates this owner's ethnicity (check all that apply). If you checked "Other," specify this owner's ethnic group/identity not otherwise listed.
- (7) Check the appropriate box to indicate whether this owner is a U.S. citizen.
- (8) If this owner is not a U.S. citizen, check the appropriate box that indicates whether this owner is a lawfully admitted permanent resident. If this owner is neither a U.S. citizen nor a lawfully admitted permanent resident of the U.S., then this owner is NOT eligible for certification as an SBE owner. This, however, does not necessarily disqualify your firm altogether from the SBE program if another owner is a U.S. citizen or lawfully admitted permanent resident and meets the program's other qualifying requirements.

### B. Ownership Interest

- (1) State the number of years during which this owner has been an owner of your firm.
- (2) Indicate the dollar value of this owner's initial investment to acquire an ownership interest in your firm, broken down by cash, real estate, equipment, and/or other investment.
- (3) State the percentage of total ownership control of your firm that this owner possesses.
- (4) State the familial relationship of this owner to each other owner of your firm.

(5) Indicate the number, percentage of the total, class, date acquired, and method by which this owner acquired his/her shares of stock in your firm.

(6) Check the appropriate box that indicates whether this owner performs a management or supervisory function for any other business. If you checked "Yes," state the name of the other business and this owner's title or function held in that business.

(7) Check the appropriate box that indicates whether this owner owns or works for any other firm(s) that has any relationship with your firm. If you checked "Yes," identify the name of the other business and this owner's title or function held in that business. Briefly describe the nature of the business relationship in the space provided.

### **C. Economic Status**

NOTE: You only need to complete this section for each owner that is applying for SBE qualification (i.e. for each owner whose ownership interest is to be counted toward the control and 51% ownership requirements of the SBE program)

(1) Indicate in the space provided the total Personal Net Worth (PNW) of each owner who is applying for SBE qualification. Use the Personal Net Worth Statement form in Section 5 of this application to calculate the PNW of each applicant.

(2) Check the appropriate box that indicates whether any trust has ever been created for the benefit of this owner. If you answered "Yes," briefly explain the nature, history, purpose, and current value of the trust(s).

## **Section 4: CONTROL**

### **A. Identify your firm's Officers and Board of Directors:**

(1) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each officer of your firm.

(2) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each individual serving on your firm's Board of Directors.

(3) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above perform a management or supervisory function for any other business. If you answered "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.

(4) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the officer or director, and the nature of his/her business relationship with that other firm.

### **B. Identify your firm's management personnel who control your firm in the following areas:**

(1) Making of financial decisions on your firm's behalf, including the acquisition of lines of credit, surety bonds, supplies, etc.;

(2) Estimating and bidding, including calculation of cost estimates, bid preparation and submission;

(3) Negotiating and contract execution, including participation in any of your firm's negotiations and executing contracts on your firm's behalf;

(4) Hiring and/or firing of management personnel, including interviewing and conducting performance evaluations;

(5) Field/Production operations supervision, including site supervision, scheduling, project management services, etc.;

(6) Office management;

(7) Marketing and sales;

(8) Purchasing of major equipment;

(9) Signing company checks (for any purpose); and

(10) Conducting any other financial transactions on your firm's behalf not otherwise listed.

(11) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business. If you answered "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.

(12) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the name of the person, and the nature of his/her business relationship with that other firm.

### **C. Indicate your firm's inventory in the following categories:**

#### **(1) Equipment**

State the type, make and model, and current dollar value of each piece of equipment held and/or used by your firm. Indicate whether each piece is either owned or leased by your firm.

#### **(2) Vehicles**

State the type, make and model, and current dollar value of each motor vehicle held and/or used by your firm. Indicate whether each vehicle is either owned or leased by your firm.

#### **(3) Office Space**

State the street address of each office space held and/or used by your firm. Indicate whether your firm owns or leases the office space and the current dollar value of that property or its lease.

#### **(4) Storage Space**

State the street address of each storage space held and/or used by your firm. Indicate whether your firm owns or leases the storage space and the current dollar value of that property or its lease.

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

Check the appropriate box that indicates whether your firm relies on any other firm for management functions or for employee payroll. If you answered "Yes," briefly explain the nature of that reliance and the extent to which the other firm carries out such functions.

### **E. Financial Information**

#### **(1) Banking Information**

(a) State the name of your firm's bank.

(b) Give the main phone number of your firm's bank branch.

(c) Give the address of your firm's bank branch.

#### **(2) Bonding Information**

(a) State your firm's Binder Number.

(b) State the name of your firm's bond agent and/or broker.

(c) Give your agent's/broker's phone number.

(d) Give your agent's/broker's address.

(e) State your firm's bonding limits (in dollars), specifying both the Aggregate and Project Limits.

### **F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of persons or firms securing the loan, if other than the listed owner:**

State the name and address of each source, the original dollar amount and the current balance of each loan, and the purpose for which each loan was made to your firm.

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

Indicate in the spaces provided, the type of contribution or asset that was transferred, its current dollar value, the person or firm from whom it was transferred, the person or firm to whom it was transferred, the relationship between the two persons and/or firms, and the date of the transfer.

### **H. List current licenses/permits held by any owner or employee of your firm.**

List the name of each person in your firm who holds a professional license or permit, the type of permit or license, the expiration date of the permit or license, and the license/permit number and issuing State of the license or permit.

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

List the name of each owner or contractor for each contract, the name and location of the projects under each contract, the type of work performed on each contract, and the dollar value of each contract.

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

For each active job listed, state the name of the prime contractor and the project number, the location, the type of work performed, the project start date, the anticipated completion date, and the dollar value of the contract.

**Section 5: PERSONAL NET WORTH STATEMENT**

Please do not make adjustments to your figures. BART will use the information provided on your completed Personal Net Worth Statement to determine whether you meet the economic status requirements of the BART SBE Program. If there are discrepancies or questions regarding your form, it may be returned to you to correct and complete again.

An individual's personal net worth includes only his or her own share of assets held separately, jointly or as community property with the individual's spouse and excludes the following:

- Individual's ownership interest in the applicant firm;
- Individual's equity in his or her primary residence
- Tax and interest penalties that would accrue if retirement savings or investments were distributed at the present time

Be sure to indicate whether the figures reported are jointly held.

If your personal net worth exceeds the \$1.32 million cap, or you and other individuals are the majority owner of the applicant firm, the firm is not eligible for SBE certification. If the personal net worth of the majority owner(s) exceeds the \$1.32 million cap at any time after your firm is certified, the firm is no longer eligible for certification. Should that occur, it is your responsibility to contact your certifying agency in writing to advise that your firm no longer qualifies as an SBE. You must fill out all line items on the Personal Net Worth Statement. If necessary, use additional sheets of paper to report all information and details. If you have any questions about completing this form please contact the BART Office of Civil Rights.

All assets must be reported at their current fair market values as of the date of your statement. Assessor's assessed value for real estate, for example is not acceptable. Assets held in a trust generally should be included.

**Assets**

**Section 1A. Cash and Cash Equivalents**

In section 1A enter the total amount of cash or cash equivalents in bank accounts, including checking, savings, money market, certificates of deposit held domestic or foreign. Provide copies of bank statement.

**Section 1B. Retirement Accounts, IRA, 401Ks, 403Bs, Pensions**

Enter the total present value of all accounts (including Roth IRAs) and other retirement accounts, including any deferred compensation and pension plans in Section 1B.

**Section 1C. Brokerage/Investment Accounts**

Enter the name of brokerage firm and account number; type of account and a current market value of the account as of the date of the Personal Net Worth Statement.

**Section 1D. Assets Held in Trust**

Enter the specific assets held in trust, the names of the beneficiaries and trustees and other information. **Section 1E. Securities not**

**Reported Above**

Enter amounts loaned to you from your firm, from any other business entity in which you hold an ownership interest and other receivables not listed above.

**Section 2. Real Estate**

Complete section 2, beginning with your primary residence (be sure to identify it as your primary residence); enter the type of property, address, method of acquisition, date acquired, names on deed, purchase price, present fair market value, source of market valuation, name and address of all mortgage holders, mortgage account number, mortgage balance, equity line of credit balance, and amount of payment, for all real estate held. Please ensure that this section contains all real estate owned, including rental properties, vacation properties, commercial properties, personal property leased or rented for business purposes, farm properties and any other income producing properties. Attach additional sheets if needed.

**Section 3. Life Insurance**

Enter the name of the insurance company, the face value of the policy, cash surrender value, beneficiary names and any loans on the policy.

**Section 4. Other Personal Property and Assets**

Enter personal property and other assets owned. Personal property includes motor vehicles, boats, trailers, jewelry, furniture, household goods, collectibles, clothing and personally owned vehicles that are rented or leased to businesses or other individuals.

Enter the present value of the personal property owned, amount of liabilities, and whether the asset is insured. For accounts and notes receivable, enter the total value of all monies owned to you personal, if any. This should include shareholder loans to the applicant firm, if any. If the asset is insured please attach a copy of the policy. Also attach a copy of any liens or notes on the property and indicate in the space provided the terms of payment, Total the present value and liabilities at the bottom of the form.

**Section 5. Other business Investments/Other Businesses Owned Interests**

Enter information concerning any businesses you hold and ownership interest in, such as sole proprietorships, partnerships, joint ventures, corporations, or limited liability corporations (other than the applicant firm). Do not reduce the value of these entries by any loans from the outside firm to the applicant business.

**Liabilities**

**Section 2. Mortgages on Real Estate**

Enter the total balance on all mortgages payable on real estate.

**Section 3. Loans on Life Insurance**

Enter the total value of all loans due on life insurance policies.

**Section 6. Notes & Accounts Payable to Bank and Others**

Enter the name of borrowers, noteholders, date of note, original and current balances, payment terms and security/collateral information. The entries should include automobile installment accounts. This should not, however, include any mortgage balances as this information is captured in section 2. Do not include loans for your business or mortgages for your property in section 6. Submit copy of note/security agreement and the most recent account statement.

**Section 7. Other Liabilities**

Enter the total value due on all other liabilities not classified in the previous entries. Report the name of the individual obligated.

**AFFIDAVIT & SIGNATURE**

Carefully read the attached affidavit in its entirety. Fill in the required information for each blank space, and sign and date the affidavit in the presence of a Notary Public, who must then notarize the form.

## Section 1: Certification Information

### A. Prior/Other Certifications

|                                                                                             |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A1. Is your firm currently certified by the CUCP as a DBE and would like to apply for MSBE? | <input type="checkbox"/> <b>Yes</b><br>Please complete Section 1 and submit your firm's tax returns for the prior three years. Ensure that you include all supporting documentation (See SBE Certification Application Supporting Documents Checklist) | <input type="checkbox"/> <b>No</b><br>Please complete the remainder of the application in its entirety. Ensure that you include all supporting documentation (See SBE Certification Application Supporting Documents Checklist) |
| A2. Please provide your DBE Certification Information                                       | Certification Number: _____<br>Certifying Agency: _____                                                                                                                                                                                                |                                                                                                                                                                                                                                 |

## Section 2: General Information

### A. Contact Information

|                                                                                                                                                     |                        |                        |           |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------|-------|
| (1) Contact Person and Title                                                                                                                        |                        | (2) Legal Name of Firm |           |       |
| (3) Phone #:                                                                                                                                        | (4) Alternate Phone #: |                        | (5) Fax#: |       |
| (6) Email Address                                                                                                                                   |                        | (7) Website            |           |       |
| (8) Street Address of Firm                                                                                                                          |                        | City                   | County    | State |
|                                                                                                                                                     |                        | Zip Code               |           |       |
| (9) Mailing Address of Firm (if different)                                                                                                          |                        | City                   | County    | State |
|                                                                                                                                                     |                        | Zip Code               |           |       |
| (10) Is your firm a home based business? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, Who holds title to the property? _____ |                        |                        |           |       |

### B. Business Profile

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| (1) Describe the primary activities of your firm:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (2) Federal Tax ID                                                                                                                 |
| (3) Applicable NAICS Codes for this line of work include:<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                    |
| (4) Date firm established:<br>____/____/____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (5) Date you acquired ownership of firm:<br>____/____/____                                                                         |
| (6) Method of acquisition (check all that apply):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                    |
| <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Started new business</span> <span><input type="checkbox"/> Merger or Consolidation</span> <span><input type="checkbox"/> Bought existing business</span> <span><input type="checkbox"/> Inherited Business</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span><input type="checkbox"/> Secured Concession</span> <span><input type="checkbox"/> Other (please explain) _____</span> </div> |                                                                                                                                    |
| (7) Is your firm for profit?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>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.</b> |

|                                                                                                                                                                                                                                                                                                                                                                                                           |                  |                 |                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------|-------------------------|
| (7) Type of firm (Check all that apply):<br><input type="checkbox"/> Sole Proprietorship<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Corporation<br><input type="checkbox"/> Limited Liability Partnership (LLP)<br><input type="checkbox"/> Limited Liability Corporation (LLC)<br><input type="checkbox"/> Joint Venture (JV)<br><input type="checkbox"/> Other, Describe _____ |                  |                 |                         |
| (8) Has your firm ever existed under a different ownership, a different type of ownership or a different name?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, explain: _____                                                                                                                                                                                                      |                  |                 |                         |
| (9) Number of employees:                                                                                                                                                                                                                                                                                                                                                                                  | Full Time: _____ | Part Time _____ | Total _____             |
| (10) Specify the annual gross receipts of the firm for the last three years:                                                                                                                                                                                                                                                                                                                              | Year _____       | Year _____      | Total Receipts \$ _____ |
|                                                                                                                                                                                                                                                                                                                                                                                                           | Year _____       | Year _____      | Total Receipts \$ _____ |
|                                                                                                                                                                                                                                                                                                                                                                                                           | Year _____       | Year _____      | Total Receipts \$ _____ |

### C. Relationships with other Businesses

|                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                |                     |                                                          |                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------|-------------------------|
| (1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse facilities, equipment, office staff, with any other business, organization or entity?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, identify: Other firms name: _____<br>Explain nature of shared facilities: _____ |                                                                                                |                     |                                                          |                         |
| (2) At present or at any time in the past has your firm <i>if you answered "Yes" to any of the questions in 2(a)-(e) describe the subsidiaries, partnership interests or other arrangements on an attached sheet. In addition, explain whether these relationships are continuing today, or if not, when they ended</i> :                                                                   | (a) been a subsidiary of any other firm?                                                       |                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |
|                                                                                                                                                                                                                                                                                                                                                                                             | (b) consisted of a partnership in which one or more of the partners are firms?                 |                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |
|                                                                                                                                                                                                                                                                                                                                                                                             | (c) owned any percentage of any other firm?                                                    |                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |
|                                                                                                                                                                                                                                                                                                                                                                                             | (d) had any subsidiaries?                                                                      |                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |
|                                                                                                                                                                                                                                                                                                                                                                                             | (e) been a subcontractor with another firm constituting more than 25% of your firm's receipts? |                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |
| (3) Has any other firm had an ownership interest in your firm at present or any time in the past? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>                                                                                                                                                                                               |                                                                                                |                     |                                                          |                         |
| (4) If you answered yes to any of the above questions 2(a)-(d) and/or 3, identify the following for each (attach extra sheets if needed):                                                                                                                                                                                                                                                   |                                                                                                |                     |                                                          |                         |
|                                                                                                                                                                                                                                                                                                                                                                                             | <u>Name</u>                                                                                    | <u>Address</u>      | <u>Type of Business</u>                                  |                         |
| 1)                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |                     |                                                          |                         |
| 2)                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |                     |                                                          |                         |
| 3)                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |                     |                                                          |                         |
| <b>D. Immediate Family Member Businesses</b>                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                     |                                                          |                         |
| Do any of your immediate family members own or manage another company? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, then list (attach extra sheets if needed):                                                                                                                                                                                                       |                                                                                                |                     |                                                          |                         |
|                                                                                                                                                                                                                                                                                                                                                                                             | <u>Name</u>                                                                                    | <u>Relationship</u> | <u>Company</u>                                           | <u>Type of Business</u> |
| 1)                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |                     |                                                          | <u>Own or Manage?</u>   |
| 2)                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |                     |                                                          |                         |
| 3)                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |                     |                                                          |                         |

### Section 3: 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) Email Address                                                                                                                                                                                                    |                                                                                                                                                                                                                          | (5) Alternate Phone #: |
| <div style="display: flex; justify-content: space-between;"> <span>(6) Home Address</span> <span>City</span> <span>County</span> <span>State</span> <span>Zip Code</span> </div>                                     |                                                                                                                                                                                                                          |                        |
| (7) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                           | (8) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                       |                        |
| <b>The information for items 9 and 10 are optional and will be used for demographic purposes and will not be used to identify individual owners for purposes other than aggregate data collection and reporting.</b> |                                                                                                                                                                                                                          |                        |
| (9) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                            | (10) Ethnic Group: <input type="checkbox"/> Black <input type="checkbox"/> Hispanic<br><input type="checkbox"/> Native American <input type="checkbox"/> Asian-Pacific<br><input type="checkbox"/> Other (specify) _____ |                        |

#### B. Ownership Interest

| (1) Number of years as owner:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;"><u>Type</u></th> <th style="width: 20%; text-align: center;"><u>Dollar Value</u></th> </tr> <tr> <td rowspan="4" style="vertical-align: top;">(2) Initial investment to acquire ownership interest in firm: (attach supporting documentation substantiating your investment)</td> <td style="text-align: center;">Cash</td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">Real Estate</td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">Equipment</td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">Other</td> <td style="text-align: center;">\$</td> </tr> </table> |                     | <u>Type</u>   | <u>Dollar Value</u>  | (2) Initial investment to acquire ownership interest in firm: (attach supporting documentation substantiating your investment) | Cash                 | \$                     | Real Estate | \$ | Equipment | \$ | Other | \$ |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------|-------------|----|-----------|----|-------|----|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>Type</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>Dollar Value</u> |               |                      |                                                                                                                                |                      |                        |             |    |           |    |       |    |
| (2) Initial investment to acquire ownership interest in firm: (attach supporting documentation substantiating your investment)                                                                                                                                                                                                                                                                                                                                                                                                    | Cash                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$                  |               |                      |                                                                                                                                |                      |                        |             |    |           |    |       |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Real Estate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$                  |               |                      |                                                                                                                                |                      |                        |             |    |           |    |       |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$                  |               |                      |                                                                                                                                |                      |                        |             |    |           |    |       |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$                  |               |                      |                                                                                                                                |                      |                        |             |    |           |    |       |    |
| (3) Percentage owned:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |               |                      |                                                                                                                                |                      |                        |             |    |           |    |       |    |
| (4) Familiar relationship to other owners:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |               |                      |                                                                                                                                |                      |                        |             |    |           |    |       |    |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">(5) Shares of stock</th> <th style="width: 15%; text-align: center;"><u>Number</u></th> <th style="width: 15%; text-align: center;"><u>Percentage</u></th> <th style="width: 15%; text-align: center;"><u>Class</u></th> <th style="width: 20%; text-align: center;"><u>Date Acquired</u></th> <th style="width: 15%; text-align: center;"><u>Method Acquired</u></th> </tr> <tr> <td colspan="6" style="height: 40px;"></td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (5) Shares of stock | <u>Number</u> | <u>Percentage</u>    | <u>Class</u>                                                                                                                   | <u>Date Acquired</u> | <u>Method Acquired</u> |             |    |           |    |       |    |
| (5) Shares of stock                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>Number</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>Percentage</u>   | <u>Class</u>  | <u>Date Acquired</u> | <u>Method Acquired</u>                                                                                                         |                      |                        |             |    |           |    |       |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |               |                      |                                                                                                                                |                      |                        |             |    |           |    |       |    |
| (6) Does this owner perform a managerial or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, identify: Name of Business: _____ Function/Title: _____                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |               |                      |                                                                                                                                |                      |                        |             |    |           |    |       |    |
| (7) Does this owner own or work with any other firm(s) that has a relationship with this firm (e.g. ownership interest, shared office space, financial investments, equipment, leases, personal sharing, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If Yes, identify: Name of Business: _____ Function/Title: _____<br>Nature of Business Relationship: _____                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |               |                      |                                                                                                                                |                      |                        |             |    |           |    |       |    |

#### C. Economic Status -Complete this section for each owner applying for SBE certification

|                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (1) What is the Personal Net Worth (PNW) of the owner(s) applying for SBE certification? Use and attach the Personal Net Worth Statement form contained in section 5 in this application; attach additional sheets if more than one owner is applying) |
|                                                                                                                                                                                                                                                        |

## Section 4: Control

### A. Identify your firm's Officers and Board of Directors *(if additional space is required attach a separate sheet):*

|                             | <u>Name</u> | <u>Title</u> | <u>Date Appointed</u> |
|-----------------------------|-------------|--------------|-----------------------|
| (1) Officers of the Company | (a)         |              |                       |
|                             | (b)         |              |                       |
|                             | (c)         |              |                       |
|                             | (d)         |              |                       |
|                             | (e)         |              |                       |
|                             | (f)         |              |                       |
| (2) Board of Directors      | (a)         |              |                       |
|                             | (b)         |              |                       |
|                             | (c)         |              |                       |
|                             | (d)         |              |                       |
|                             | (e)         |              |                       |

(3) Do any of the persons listed in (1) and (2) above perform a management or supervisory function for any other business? ☐Yes ☐No

If Yes, identify for each: Firm Name:\_\_\_\_\_ Person:\_\_\_\_\_  
Nature of Business Relationship:\_\_\_\_\_

(4) Do any of the persons listed in (1) and (2) above own or work for any other firm(s) that has a relationship with the firm (e.g. ownership interest, shared office space, financial investments, equipment, leases, personal sharing, etc.) ? ☐Yes ☐No

If Yes, identify for each: Firm Name:\_\_\_\_\_ Person:\_\_\_\_\_  
Nature of Business Relationship:\_\_\_\_\_

### B. Identify your firm' management personnel who control your firm in the following areas *(If more than two persons attach a separate sheet)*

|                                            | <u>Name</u> | <u>Title</u> | <u>Date Appointed</u> |
|--------------------------------------------|-------------|--------------|-----------------------|
| (1) Financial Decisions                    | (a)         |              |                       |
|                                            | (b)         |              |                       |
| (2) Estimating and Bidding                 | (a)         |              |                       |
|                                            | (b)         |              |                       |
| (3) Negotiating and Contract Execution     | (a)         |              |                       |
|                                            | (b)         |              |                       |
| (4) Hiring/firing of management personnel  | (a)         |              |                       |
|                                            | (b)         |              |                       |
| (5) Field Production Operations Supervisor | (a)         |              |                       |
|                                            | (b)         |              |                       |
| (6) Office-management                      | (a)         |              |                       |
|                                            | (b)         |              |                       |
| (7) Marketing/Sales                        | (a)         |              |                       |
|                                            | (b)         |              |                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                              |     |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|--|
| (8) Purchasing Major Equipment                                                                                                                                                                                                                                                                                                                                                                                               | (a) |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                              | (b) |  |  |
| (9) Authorized to Sign Company Checks (for any purpose)                                                                                                                                                                                                                                                                                                                                                                      | (a) |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                              | (b) |  |  |
| (10) Authorize to make financial transactions                                                                                                                                                                                                                                                                                                                                                                                | (a) |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                              | (b) |  |  |
| (11) Do any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If Yes, identify for each: Person: _____ Title: _____<br>Business: _____ Function: _____                                                                                                                                    |     |  |  |
| (12) Do any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with the firm (e.g. ownership interest, shared office space, financial investments, equipment, leases, personal sharing, etc.)?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If Yes, identify for each: Firm Name: _____ Person: _____<br>Nature of Business Relationship: _____ |     |  |  |

**C. Indicate your firm's inventory in the following categories (attach additional sheets if needed):**

**(1) Equipment**

|     | Type of Equipment | Make/Model | Current Value | Owned or Leased? |
|-----|-------------------|------------|---------------|------------------|
| (a) |                   |            |               |                  |
| (b) |                   |            |               |                  |
| (c) |                   |            |               |                  |

**(2) Vehicles**

|     | Type of Vehicle | Make/Model | Current Value | Owned or Leased? |
|-----|-----------------|------------|---------------|------------------|
| (a) |                 |            |               |                  |
| (b) |                 |            |               |                  |
| (c) |                 |            |               |                  |

**(3) Office Space**

|     | Street Address | Owned or Leased? | Current Value of Property or Lease |
|-----|----------------|------------------|------------------------------------|
| (a) |                |                  |                                    |
| (b) |                |                  |                                    |

**(4) Storage Space**

|     | Street Address | Owned or Leased? | Current Value of Property or Lease |
|-----|----------------|------------------|------------------------------------|
| (a) |                |                  |                                    |
| (b) |                |                  |                                    |

**D. Does your firm rely on any other firm for management functions or employee payroll? ☐Yes ☐No**

If Yes, explain.

**E. Financial Information****(1) Banking Information:**

(a) Name of Bank: \_\_\_\_\_ (b) Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
 (c) Address of Bank: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The following individuals are able to sign checks on this account: \_\_\_\_\_

**(2) Bonding Information:** if you have bonding capacity identify: (a) binder # \_\_\_\_\_

(b) Name of agent/broker: \_\_\_\_\_ (c) phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

(d) Address of agent/broker: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(e) Bonding limit: Aggregate Limit \_\_\_\_\_ Project Limit: \_\_\_\_\_

**F. Identify all sources, amounts and purposes of money loaned to your firm. Identify if any owners and any other person or firm have loaned money to the applicant firm. Include the names of any persons or firms securing the loan(s), if other than listed owner (provide copies of signed loan agreements and security agreements):**

|    | Name of Source | Address of Source | Name of Person Securing the loan | Original Amount | Current Balance | Purpose of Loan |
|----|----------------|-------------------|----------------------------------|-----------------|-----------------|-----------------|
| 1. |                |                   |                                  |                 |                 |                 |
| 2. |                |                   |                                  |                 |                 |                 |
| 3. |                |                   |                                  |                 |                 |                 |

**G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years (attach additional sheets if needed)**

|    | Contribution/Asset | Dollar Value | From Whom Transferred | To Whom Transferred | Relationship | Date of Transfer |
|----|--------------------|--------------|-----------------------|---------------------|--------------|------------------|
| 1. |                    |              |                       |                     |              |                  |
| 2. |                    |              |                       |                     |              |                  |
| 3. |                    |              |                       |                     |              |                  |

**H. List current licenses/permits held by any owner and/or employee of the firm (e.g. contractor, engineer, architect, etc.)(attach additional sheets if needed):**

|    | Name of License/Permit Holder | Type of License/Permit | Expiration Date | License Number | State |
|----|-------------------------------|------------------------|-----------------|----------------|-------|
| 1. |                               |                        |                 |                |       |
| 2. |                               |                        |                 |                |       |
| 3. |                               |                        |                 |                |       |

**I. List the three largest contracts completed by your firm in the past three years:**

|    | Name of Owner/Contractor or Client | Name/Location of Project | Type of Work Performed | Dollar Value of Contract |
|----|------------------------------------|--------------------------|------------------------|--------------------------|
| 1. |                                    |                          |                        |                          |
| 2. |                                    |                          |                        |                          |
| 3. |                                    |                          |                        |                          |

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

|    | <b>Name of<br/>Owner/Contractor<br/>or Client</b> | <b>Name/Location<br/>of Project</b> | <b>Type of<br/>Work<br/>Performed</b> | <b>Project Start<br/>Date</b> | <b>Anticipated<br/>Completion<br/>Date</b> | <b>Dollar<br/>Value of<br/>Contract</b> |
|----|---------------------------------------------------|-------------------------------------|---------------------------------------|-------------------------------|--------------------------------------------|-----------------------------------------|
| 1. |                                                   |                                     |                                       |                               |                                            |                                         |
| 2. |                                                   |                                     |                                       |                               |                                            |                                         |
| 3. |                                                   |                                     |                                       |                               |                                            |                                         |

## Section 5: Personal Net Worth Statement

This form is used by all participants in BART's SBE certification program and must be submitted to determine whether an owner meets the personal net worth criteria of the program. Complete this for separately for: (1) each owner whose status is relied upon for certification, (2) each limited partner who owns 51% or more interest and each general partner and (3) each stockholder owning 51% or more of voting stock.

**Do not make any adjustments to your figures. BART will use the information provided on this statement to determine your Personal Net Worth (PNW).**

|                                                                                           |                        |                              |                                                       |                       |                        |
|-------------------------------------------------------------------------------------------|------------------------|------------------------------|-------------------------------------------------------|-----------------------|------------------------|
| Full Name                                                                                 |                        |                              | Business Name of Applicant Firm                       |                       |                        |
| Address                                                                                   |                        |                              | Business Address                                      |                       |                        |
| City                                                                                      | State                  | Zip Code                     | City                                                  | State                 | Zip Code               |
| Phone #                                                                                   |                        |                              | Business Phone #                                      |                       |                        |
| Marital Status                                                                            |                        |                              | Spouse's Full Name                                    |                       |                        |
| Assets                                                                                    |                        | Joint Asset?                 | Liabilities                                           |                       | Joint Asset?           |
| Cash and Cash Equivalents                                                                 | \$                     |                              | Mortgage on Real Estate (excluding Primary Residence) | \$                    |                        |
| Brokerage Investment Accounts                                                             | \$                     |                              | Loan on Life Insurance                                | \$                    |                        |
| Assets Held in Trust                                                                      | \$                     |                              | Notes & Accounts Payable                              | \$                    |                        |
| Shareholder Loans & Other Receivables                                                     | \$                     |                              | Other Liabilities                                     | \$                    |                        |
| Real Estate (excluding Primary Residence)                                                 | \$                     |                              | Unpaid Taxes                                          | \$                    |                        |
| Life Insurance (Cash surrender value only)                                                | \$                     |                              |                                                       |                       |                        |
| Other Personal Property and Assets                                                        | \$                     |                              |                                                       |                       |                        |
| Other Business Interests                                                                  | \$                     |                              |                                                       |                       |                        |
| <b>Total Assets</b>                                                                       |                        | <b>\$</b>                    | <b>Total Liabilities</b>                              |                       | <b>\$</b>              |
| <b><u>Assets</u></b>                                                                      |                        |                              |                                                       |                       |                        |
| <b>Section 1A: Cash on Hand, Checking, Savings, Money Market, Certificates of Deposit</b> |                        |                              |                                                       |                       |                        |
| <b>Name on Accounts</b>                                                                   | <b>Type of Account</b> | <b>Bank Name and Address</b> | <b>Account Number</b>                                 | <b>Account Status</b> | <b>Current Balance</b> |
|                                                                                           |                        |                              |                                                       |                       |                        |
|                                                                                           |                        |                              |                                                       |                       |                        |
|                                                                                           |                        |                              |                                                       |                       |                        |
|                                                                                           |                        |                              |                                                       | <b>Total</b>          | <b>\$</b>              |

**Section 1B: Retirement Accounts, IRA, 401K, 403B, Pension**

| Name on Accounts | Type of Account | Bank Name and Address | Account Number | Current Balance |
|------------------|-----------------|-----------------------|----------------|-----------------|
|                  |                 |                       |                |                 |
|                  |                 |                       |                |                 |
|                  |                 |                       |                |                 |
|                  |                 |                       |                |                 |
|                  |                 |                       |                |                 |
|                  |                 |                       | <b>Total</b>   | <b>\$</b>       |

**Section 1C: Brokerage/Investment Accounts**

| Name of Brokerage Firm | Account Number | Type of Account | Market Value as of date of form |
|------------------------|----------------|-----------------|---------------------------------|
|                        |                |                 |                                 |
|                        |                |                 |                                 |
|                        |                |                 |                                 |
|                        |                |                 |                                 |
|                        |                |                 |                                 |
|                        |                | <b>Total</b>    | <b>\$</b>                       |

**Section 1D: Assets Held in Trust (Attach trust agreements and amendments, and document the valuation of assets)**

| Name of Settlor | Type of Trust | Date Trust Established | Specific Assets held and Value | Date and Method of Valuation | Trustee | Name of Beneficiaries |
|-----------------|---------------|------------------------|--------------------------------|------------------------------|---------|-----------------------|
|                 |               |                        |                                |                              |         |                       |
|                 |               |                        |                                |                              |         |                       |
|                 |               |                        |                                |                              |         |                       |

**Section 1E: Securities not reported in Section 1C and Shareholder Loans, Promissory Notes and Other Receivables not listed above. Provide Amounts and Describe:**

|  |
|--|
|  |
|--|

**Section 2: Real Estate Owned (Including Personal Residence, Investment Properties, Personal Property Leased or Rented for Business Purposes, Farm Properties or any Other Income Producing Property.**

**(List each parcel separately. Submit copies of deeds for each parcel, mortgage note, and instrument of conveyance. Add additional sheets, if necessary.**

|                                                                                    | Primary Residence | Property B | Property C |
|------------------------------------------------------------------------------------|-------------------|------------|------------|
| Type of Property                                                                   |                   |            |            |
| Address                                                                            |                   |            |            |
| Date Acquired and Method of Acquisitions (purchase, inherited, divorce, gift, etc) |                   |            |            |
| Names on Deed                                                                      |                   |            |            |
| Purchase Price                                                                     |                   |            |            |
| Present Market Value                                                               |                   |            |            |
| Source of Market Valuation                                                         |                   |            |            |
| Name and Address of all Mortgage Holders                                           |                   |            |            |
| Mortgage Balance as of Date of Form                                                |                   |            |            |
| Equity Line of Credit Balance                                                      |                   |            |            |
| Amount of payment per Month/Year (specify)                                         |                   |            |            |

**Section 3: Life Insurance Held**

**(Give face amount and cash surrender value of policies, name of insurance company and beneficiaries.**

| Insurance Company | Face Value Amount | Cash Surrender Amount | Beneficiaries | Loan on Policy Information |
|-------------------|-------------------|-----------------------|---------------|----------------------------|
|                   |                   |                       |               |                            |
|                   |                   |                       |               |                            |
|                   |                   |                       |               |                            |

**Section 4: Other Personal Property and Assets**

(Other documentation may be required upon request, such as invoices, bill of sale, valuation documents, insurance policies)

| Type of Property or Asset                                                                                                                                                        | Total Present Value | Amount of Liability (Balance) | Is this asset insured?<br>(If so, attach a copy of the policy) | Lien or Note amount and Terms of Payment<br>(Attach a copy of the Instrument) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------|
| Automobiles and Vehicles (including recreation vehicles, motorcycles, boats, etc) Include personally owned vehicles that are leased or rented to businesses or other individuals |                     |                               |                                                                |                                                                               |
|                                                                                                                                                                                  |                     |                               |                                                                |                                                                               |
|                                                                                                                                                                                  |                     |                               |                                                                |                                                                               |
|                                                                                                                                                                                  |                     |                               |                                                                |                                                                               |
|                                                                                                                                                                                  |                     |                               |                                                                |                                                                               |
| Household Goods                                                                                                                                                                  |                     |                               |                                                                |                                                                               |
|                                                                                                                                                                                  |                     |                               |                                                                |                                                                               |
| Jewelry                                                                                                                                                                          |                     |                               |                                                                |                                                                               |
|                                                                                                                                                                                  |                     |                               |                                                                |                                                                               |
| Other (List)                                                                                                                                                                     |                     |                               |                                                                |                                                                               |
|                                                                                                                                                                                  |                     |                               |                                                                |                                                                               |
| Accounts and Notes Receivables                                                                                                                                                   |                     |                               |                                                                |                                                                               |
| <b>Total Present Value</b>                                                                                                                                                       | \$_____             |                               |                                                                |                                                                               |
| <b>Total Liability</b>                                                                                                                                                           | \$_____             |                               |                                                                |                                                                               |
| <b>Total Personal Property</b>                                                                                                                                                   | \$_____             |                               |                                                                |                                                                               |

**Section 5: Other Business Investments, Other Businesses Owned (excluding applicant firm)**

**Sole proprietorships, General Partners, Joint Ventures, Limited Liability Companies, Closely-held Public Traded Corporations**

(Provide the information below and submit business financial statements, balance sheets including net worth, federal tax returns)

| <b>Name of Sole Proprietorship, Partnership, Joint Venture (Indicate % of ownership)</b> | <b>Address</b> | <b>Business Value in \$</b> | <b>Date Acquired</b> | <b>Names of Partners, Unit Holders, % of Ownership and Date Acquired</b>                                                                                    | <b>Primary Scope of Operations</b> |
|------------------------------------------------------------------------------------------|----------------|-----------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
|                                                                                          |                |                             |                      |                                                                                                                                                             |                                    |
|                                                                                          |                |                             |                      |                                                                                                                                                             |                                    |
| <b>Name of Corporation of LLC</b>                                                        | <b>Address</b> | <b>Business Value in \$</b> | <b>Date Acquired</b> | <b>Name of stockholders on certifications, Date Stock Acquired, Total Outstanding Shares of Stock or Units, Market Value and Date of Quotation/Exchange</b> | <b>Primary Scope of Operations</b> |
|                                                                                          |                |                             |                      |                                                                                                                                                             |                                    |
|                                                                                          |                |                             |                      |                                                                                                                                                             |                                    |

**Liabilities****Section 6: Notes and Accounts Payable to Banks and Others (Including Installment Accounts)**

(Submit copy of note/security agreement, and most recent account statement)

| <b>Name of Borrower(s)</b> | <b>Name of Noteholder(s)</b> | <b>Date of Instrument</b> | <b>Original Balance</b> | <b>Current Balance</b> | <b>Payment Amount and terms</b> | <b>How Secured/By Whom</b> |
|----------------------------|------------------------------|---------------------------|-------------------------|------------------------|---------------------------------|----------------------------|
|                            |                              |                           |                         |                        |                                 |                            |
|                            |                              |                           |                         |                        |                                 |                            |

(submit copy of most recent statement, or any other debt instrument)

| Name of Individual Obligated | Name of Cosigner(s) | Description | Name and Address of Entity Owed | Date of Obligation | Amount | Payment Amount and Terms (frequency) |
|------------------------------|---------------------|-------------|---------------------------------|--------------------|--------|--------------------------------------|
|                              |                     |             |                                 |                    |        |                                      |
|                              |                     |             |                                 |                    |        |                                      |

(Describe in detail, as to type, to whom payable, when due, amount and to what property, if any, a tax lien is attached.)

| Name of Individual Obligated | Name of Cosigner(s) | Type of Unpaid Tax | Payable to Whom | Date Due | Amount | Property Attached with Tax Lien (if any) |
|------------------------------|---------------------|--------------------|-----------------|----------|--------|------------------------------------------|
|                              |                     |                    |                 |          |        |                                          |
|                              |                     |                    |                 |          |        |                                          |

**Section 9: Transfer of Assets:** Have you transferred within 2 years of this personal net worth statement, transferred assets to a spouse, domestic partner, relative, or entity in which you have an ownership or beneficiary interest, including a trust? ☐Yes ☐No

**Provide a brief description of all transfer of assets within 2 years from date of application. List the names of individuals on deed, title, note or other instrument receiving assets and relation to transferor(s). (Submit Bill of Sale(s) or Invoice(s) and Transfer document.)**

## **SBE Certification Application Supporting Documents Checklist**

### **CUCP Certified DBE Firms**

- ☐ Your firm's tax returns and all related schedules for the past three years

### **All Other Applicants**

- ☐ Work experience resumes (that include places of ownership/employment with corresponding dates), for all owners, directors and officers of your firm
- ☐ Personal Net Worth Statement (form available with this application)
- ☐ Personal tax returns for the past three years, if applicable, for each owner claiming SBE status
- ☐ Your firm's tax returns (gross receipts) and all related schedules for the past three years
- ☐ Documented proof of contributions used to acquire ownership for each owner (e.g. both sides of cancelled checks)
- ☐ Your firm's signed loan agreements, security agreements, and bonding forms
- ☐ Descriptions of all real estate (including office/storage space, etc.) owned/leased by your firm and documented proof of ownership/signed leases
- ☐ List of equipment leased and signed lease agreements
- ☐ List of construction equipment and/or vehicles owned and titles/proof of ownership
- ☐ Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past two years
- ☐ Year-end balance sheets and income statements for the past three years (or life of firm, if less than three years); a new business must provide a current balance sheet
- ☐ All relevant licenses, license renewal forms, permits, and haul authority forms
- ☐ Bank authorization and signatory cards
- ☐ Schedule of salaries (or other compensation or remuneration) paid to all officers, managers, owners, and/or directors of the firm
- ☐ Trust agreements held by any owner claiming SBE status, if any

### **Partnership or Joint Venture**

- ☐ Original and any amended Partnership or Joint Venture Agreements

### **Corporation or LLC**

- ☐ Official Articles of Incorporation ( signed by the state official)
- ☐ Both sides of all corporate stock certificates and your firm's stock transfer ledger
- ☐ Shareholders' Agreement
- ☐ Minutes of all stockholders and board of directors meetings
- ☐ Corporate by-laws and any amendments
- ☐ Corporate bank resolution and bank signature cards
- ☐ Official Certificate of Formation and Operating Agreement with any amendments (for LLCs)

### **Trucking Company**

- ☐ Documented proof of ownership of the company
- ☐ Insurance agreements for each truck owned or operated by your firm
- ☐ Title(s) and registration certificate(s) for each truck owned or operated by your firm
- ☐ List of U.S. DOT numbers for each truck owned or operated by your firm

### **Regular Dealer**

- ☐ Proof of warehouse ownership or lease
- ☐ List of product lines carried
- ☐ List of distribution equipment owned and/or leased

## AFFIDAVIT OF CERTIFICATION

This form must be signed by, and notarized on behalf of, each individual whose ownership is relied upon for certification as a Small Business Entity (SBE).

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, REVOCATION OF SBE CERTIFICATION, 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 applicant firm \_\_\_\_\_ (firm name) 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.

If awarded a contract or subcontract, 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 (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the recipient agency of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

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;; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I certify that I am an owner of the above-referenced firm seeking certification as a Small Business Entity (SBE). I further certify that my personal net worth does not exceed \$1,320,000.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Executed on \_\_\_\_\_ (Date)

Signature \_\_\_\_\_ (SBE Applicant)

## SBE Certification Application Final Checklist

### Application

- ☐ Completed all required sections of SBE Certification Application
- ☐ Attached all supporting documentation
- ☐ Signed, notarized affidavit from each owner

**Please ensure that you submit your application to the following mailing address to ensure prompt processing:**

San Francisco Bay Area Rapid Transit  
Office of Civil Rights  
SBE Certification Processing  
300 Lakeside Drive, 18<sup>th</sup> Floor  
Oakland, CA 94604-2688