

Commonwealth of Virginia Unified Certification Program

Virginia Unified Certification Program Certification Review

Please complete the following carefully, so that we can check our records for accuracy, even if nothing has changed from last year. You must attach supporting documentation describing in detail the nature of any changes.

Contact INFORMATION

A. Contact Information

1) Contact Person:	Title:	2) Legal Name of Firm:
FEIN:	Certification No.:	
3) Phone:	4) Other Phone:	5) Fax:
6) Email for Certification**:	Email for Public Directory:	
7) Website:		
8) Street Address of Firm (No P.O. Box):		City, State, Zip:
9) Mailing Address of Firm (if different):		City, State, Zip:

****Please note that most communications from the Department of Small Business and Supplier Diversity about your DBE Certification will be sent to you electronically and not by the postal service.****

Firm's number of employees: Full-time _____ Part-time _____ Seasonal _____ Total _____
 Affiliates' number of employees: Full-time _____ Part-time _____ Seasonal _____ Total _____

Specify the firm's gross receipts for the last 5 years. (Submit complete copies of the firm's Federal tax returns for any year not already on file. If there are affiliates or subsidiaries of the applicant firm or owners, you must submit complete copies of these firms' Federal tax returns, if they have not been previously submitted).

Year _____	Gross Receipts of Applicant Firm \$ _____	Gross Receipts of Affiliate Firms \$ _____
Year _____	Gross Receipts of Applicant Firm \$ _____	Gross Receipts of Affiliate Firms \$ _____
Year _____	Gross Receipts of Applicant Firm \$ _____	Gross Receipts of Affiliate Firms \$ _____
Year _____	Gross Receipts of Applicant Firm \$ _____	Gross Receipts of Affiliate Firms \$ _____
Year _____	Gross Receipts of Applicant Firm \$ _____	Gross Receipts of Affiliate Firms \$ _____

SWaM Micro Business Designation

As a certified SWaM Small Business by the Department, your company might qualify to be a "Micro Business". Micro Business is a certified Small Business under the SWaM Program and, together with its affiliates, has no more than twenty-five (25) employees -AND- no more than \$3 million in average annual revenue over the three-year period prior to their certification.

Is the firm certified as a SWaM Small business? Yes No Expiration Date:
 If not already certified, or if time for renewal, do you also want to apply for "Micro Business Certification? Yes No
 If applying for, or renewing Micro, submit the last four Federal quarterly 941 (Employer's Quarterly Federal Tax Return) for the firm and its affiliates.

EXPANSION/CHANGE OF SERVICES

Complete **ONLY IF** there have been changes.
(Attach separate sheets as needed)

1. Only complete this section if your firm is requesting certification for **additional NAICS Codes**, requesting to **change** the description on existing NAICS Codes, or wishes to have existing NAICS codes **removed**.
2. Use the checkboxes to the right of each NAICS code Work Description column to indicate if you are requesting the NAICS code to be added, requesting the NAICS code description to be changed to what you input in the Work Description column, or for the NAICS code to be deleted. **Only check one box of either Add, Change, or Delete for each row.** See <https://www.census.gov/eos/www/naics/> for the current existing NAICS codes and their descriptions
3. For additions and changes, you will be required to submit documentation demonstrating your firm’s ability to perform the requested services, **in addition to** your ability to control the firm with regards to these services. **(Out of State firms should generally have home state certification for all requested codes.)**

NAICS Code	Work Description	Add	Change	Delete

Section 3: MAJORITY OWNER INFORMATION

A. Identify the majority owner of the firm holding 51% or more ownership interest.

<p>(1) Full Name: _____</p>	<p>(2) Title: _____</p>	<p>(3) Home Phone #: () _____ - _____</p>										
<p>(4) Home Address (Street and Number): _____</p>	<p>City: _____</p>	<p>State: _____</p>										
<p>(4) Zip: _____</p>												
<p>(5) Gender: Male Female</p>	<p>(8) Number of years as owner: _____</p>											
<p>(6) Ethnic group membership (Check all that apply):</p> <p>Black Hispanic</p> <p>Asian Pacific Native American</p> <p>Subcontinent Asian</p> <p>Other (specify) _____</p>	<p>(9) Percentage owned: _____ %</p> <p>Class of stock owned: _____</p> <p>Date acquired _____</p>											
<p>(7) U.S. Citizenship:</p> <p>U.S. Citizen</p> <p>Lawfully Admitted Permanent Resident</p>	<p>(10) Initial investment to acquire ownership interest in firm:</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Type</th> <th style="text-align: left; border-bottom: 1px solid black;">Dollar Value</th> </tr> </thead> <tbody> <tr> <td>Cash</td> <td>\$ _____</td> </tr> <tr> <td>Real Estate</td> <td>\$ _____</td> </tr> <tr> <td>Equipment</td> <td>\$ _____</td> </tr> <tr> <td>Other</td> <td>\$ _____</td> </tr> </tbody> </table> <p>Describe how you acquired your business:</p> <p>Started business myself _____</p> <p>It was a gift from: _____</p> <p>I bought it from: _____</p> <p>I inherited it from: _____</p> <p>Other _____</p>		Type	Dollar Value	Cash	\$ _____	Real Estate	\$ _____	Equipment	\$ _____	Other	\$ _____
Type	Dollar Value											
Cash	\$ _____											
Real Estate	\$ _____											
Equipment	\$ _____											
Other	\$ _____											

B. Additional Owner Information

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

(2) Does this owner perform a management or supervisory function for any other business? Yes No

If Yes, identify: Name of Business: _____ Function/Title: _____

(3)(a) Does this owner own or work for any other firm(s) that has a relationship with this firm? (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.) Yes No

Identify the name of the business, and the nature of the relationship, and the owner's function at the firm:

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

(4)(a) What is the personal net worth of this disadvantaged owner applying for certification ? \$ _____

(b) Has any trust been created for the benefit of this disadvantaged owner(s)? Yes No

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

(5) Do any of your immediate family members, managers, or employees own, manage, or are associated with another company? Yes No

If Yes, provide their name, relationship, company, type of business, and indicate whether they own or manage the company: (Please attach extra sheets, if needed): _____

Section 3: OWNER INFORMATION, Cont'd.

A. Identify all individuals, firms, or holding companies that hold LESS THAN 51% ownership interest in the firm (*Attach separate sheets for each additional owner*)

(1) Full Name: _____	(2) Title: _____	(3) Home Phone #: () _____ - _____
(4) Home Address (<i>Street and Number</i>): _____	City: _____	State: _____
Zip: _____		

(5) Gender: Male Female

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

Black Hispanic
 Asian Pacific Native American
 Subcontinent Asian
 Other (*specify*) _____

(7) U.S. Citizenship:

U.S. Citizen
 Lawfully Admitted Permanent Resident

(8) Number of years as owner: _____

(9) Percentage owned: _____ %
 Class of stock owned: _____
 Date acquired _____

(10) Initial investment to acquire ownership interest in firm:	<u>Type</u>	<u>Dollar Value</u>
	Cash	\$ _____
	Real Estate	\$ _____
	Equipment	\$ _____
	Other	\$ _____

Describe how you acquired your business:
 Started business myself
 It was a gift from: _____
 I bought it from: _____
 I inherited it from: _____
 Other _____

(Attach documentation substantiating your investment)

B. Additional Owner Information

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

(2) Does this owner perform a management or supervisory function for any other business? Yes No
 If Yes, identify: Name of Business: _____ Function/Title: _____

(3)(a) Does this owner own or work for any other firm(s) that has a relationship with this firm? (*e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.*) Yes No
 Identify the name of the business, and the nature of the relationship, and the owner's function at the firm:

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

(4)(a) What is the personal net worth of this disadvantaged owner applying for certification? \$ _____

(b) Has any trust been created for the benefit of this disadvantaged owner(s)? Yes No
(If Yes, you may be asked to provide a copy of the trust instrument).

(5) Do any of your immediate family members, managers, or employees own, manage, or are associated with another company? Yes No
 If Yes, provide their name, relationship, company, type of business, and indicate whether they own or manage: (*Please attach extra sheets, if needed*): _____

Section 4: CONTROL

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

	Name	Title	Date Appointed	Ethnicity	Gender
(1) Officers of the Company	(a)				
	(b)				
	(c)				
	(d)				
(2) Board of Directors	(a)				
	(b)				
	(c)				
	(d)				

(3) Do any of the persons listed above perform a management or supervisory function for any other business?

Yes No If Yes, identify for each:

Person: _____ Title: _____
 Business: _____ Function: _____

Person: _____ Title: _____
 Business: _____ Function: _____

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

Yes No If Yes, identify for each:

Firm Name: _____ Person: _____
 Nature of Business Relationship: _____

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

1. Complete for all Owners who are responsible for the following functions of the firm (Attach separate sheets as needed).

A= Always F = Frequently	S = Seldom N = Never	Majority Owner (51% or more)				Minority Owner (49% or less)			
		Name: _____	Title: _____	Percent Owned: _____		Name: _____	Title: _____	Percent Owned: _____	
Sets policy for company direction/scope of operations		A	F	S	N	A	F	S	N
Bidding and estimating		A	F	S	N	A	F	S	N
Major purchasing decisions		A	F	S	N	A	F	S	N
Marketing and sales		A	F	S	N	A	F	S	N
Supervises field operations		A	F	S	N	A	F	S	N
Attend bid opening and lettings		A	F	S	N	A	F	S	N
Perform office management (billing, accounts receivable/payable, etc.)		A	F	S	N	A	F	S	N
Hires and fires management staff		A	F	S	N	A	F	S	N
Hire and fire field staff or crew		A	F	S	N	A	F	S	N
Designates profits spending or investment		A	F	S	N	A	F	S	N
Obligates business by contract/credit		A	F	S	N	A	F	S	N
Purchase equipment		A	F	S	N	A	F	S	N
Signs business checks		A	F	S	N	A	F	S	N

2. Complete for all Officers, Directors, Managers, and Key Personnel who are responsible for the following functions of the firm. (Attach separate sheets as needed).

A= Always S = Seldom F = Frequently N = Never	Officer/Director/Manager/Key Personnel				Officer/Director/Manager/ Key Personnel			
	Name: _____				Name: _____			
Title: _____				Title: _____				
Race and Gender: _____				Race and Gender: _____				
Percent Owned: _____				Percent Owned: _____				
Sets policy for company direction/scope of operations	A	F	S	N	A	F	S	N
Bidding and estimating	A	F	S	N	A	F	S	N
Major purchasing decisions	A	F	S	N	A	F	S	N
Marketing and sales	A	F	S	N	A	F	S	N
Supervises field operations	A	F	S	N	A	F	S	N
Attend bid opening and lettings	A	F	S	N	A	F	S	N
Perform office management (billing, accounts receivable/payable, etc.)	A	F	S	N	A	F	S	N
Hires and fires management staff	A	F	S	N	A	F	S	N
Hire and fire field staff or crew	A	F	S	N	A	F	S	N
Designates profits spending or investment	A	F	S	N	A	F	S	N
Obligates business by contract/credit	A	F	S	N	A	F	S	N
Purchase equipment	A	F	S	N	A	F	S	N
Signs business checks	A	F	S	N	A	F	S	N

Do any of the persons listed in B1 or B2 perform a management or supervisory function for any other business? If Yes, identify the person, the business, and their title/function: _____

Do any of the persons listed above own or work for any other firm(s) that has a relationship with this firm? (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.) If Yes, describe the nature of the business relationship: _____

AFFIDAVIT OF CONTINUED ELIGIBILITY

I, _____ (printed name), in the City/County of _____ being duly sworn

deposes and says that he/she is _____ (title) of _____

(print name of organization) and hereby declares under penalty of perjury that the information in this affidavit is true and correct as of the date hereby given. The undersign attests that this firm continues to be owned and controlled by disadvantaged individuals and that the personal net worth of all the owners whose ownership is relied upon for Disadvantaged Business Enterprise (DBE) and/or Airport Concession Disadvantaged Business Enterprise (ACDBE) status does not exceed \$1,320,000 and that the firm continues to be a small business as defined by the Small Business Administration (SBA) in its governing regulation, 13 CFR 121 located at: http://www.sba.gov/idc/groups/public/documents/sba_homepage/sba_010224.pdf and that its average annual gross receipts (as defined by SBA rules) over the previous three fiscal years do not exceed \$28.48 million, in the case of DBE, and/or \$56.42 million, in the case of ACDBE.

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

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

Notary Certificate, with Notary Seal

City / County of _____

In the Commonwealth / State of _____

The foregoing instrument was subscribed and sworn before me

This _____ day of _____, 20____,

By _____ (name of person / DBE/ACDBE applicant)

Notary Signature

Notary Registration # _____

My Commission expires: _____ (date)

Signature: _____

Date: _____

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