RETURN AFFIDAVIT TO:
MINORITY BUSINESS ENTERPRISE OFFICE
MARYLAND DEPARTMENT OF TRANSPORTATION
7201 CORPORATE CENTER DRIVE
P.O. BOX 548
CORPORATE CENTER DRIVE
HANOVER, MARYLAND 21076
410-865-1269
1-800-544-6056

MARYLAND DEPARTMENT OF TRANSPORTATION

Complete all items. If an item does not apply, mark "N.A."

Use separator sheets for additional information.

MINORITY BUSINESS ENTERPRISE DISCLOSURE AFFIDAVIT

Application is hereby made by the organization identified below for certification as a Minority Business Enterprise under the MBE Program of the Maryland Department of Transportation pursuant to Title 14, Subtitle 3 of the State Finance and Procurement Article of the Annotated

1. NAME AND ADDRESS

Name_____
dba_____
Address1_____
Address2_____
City_____State____ Zip Code_____
Email_____
Internet address _____

2. CONTROLLING INTEREST (check appropriate box)

☐ African American ☐ Alaskan Native CITIZENSHIP
☐ Hispanic ☐ Asian American ☐ U.S. Citizen
☐ Native American ☐ *Disabled ☐ Resident Alien
☐ Female

*Not accorded minority status on Federally funded projects.

3. CONTACT PERSON

Name _____
Title_____
Telephone _____Fax _____

4. OWNER

Name _____
Title_____
Telephone _____Fax _____

5. LIST THE NAMES OF THE OFFICERS OF THE COMPANY

PRESIDENT _____
VICE PRESIDENT _____
SECRETARY _____
TREASURER _____
OTHER _____

MINORITY	YES	NO	DATES ELECTED / APPOINTED
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	

6. NAMES OF CURRENT BOARD OF DIRECTORS	MINORITY YES	MINORITY NO	DATE ELECTED	HOME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		

7. NAMES OF BOARD OF DIRECTORS IMMEDIATELY PRIOR TO CURRENT BOARD	MINORITY YES	MINORITY NO	DATE ELECTED	HOME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		

8. LIST OF PRODUCT(S)/SERVICE(S) OFFERED. BE SPECIFIC. IF KNOWN, LIST NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE NUMBER FOR EACH ITEM LISTED.

_____

_____

9. TYPE OF OWNERSHIP? IF NOT A MARYLAND CORPORATION, SUBMIT A COPY OF REGISTRATION IN MARYLAND AS A FOREIGN CORPORATION (CHECK ONE)

☐ Corporation
Date incorporated _____ State _____

☐ Partnership
Date incorporated _____

☐ Date of LLC Agreement _____

10. DOES YOUR COMPANY OWN MAJOR EQUIPMENT?

☐ YES ☐ NO

List on a separate sheet, by type and quantity, major equipment owned.

DO NOT LIST RENTAL OR LEASED EQUIPMENT.

Is the equipment listed in your possession?

☐ YES ☐ NO

FORM D-EEO-OO1A (JULY—2003)
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11. LIST NUMBER OF EMPLOYEES ON PAYROLL (DO NOT LIST EMPLOYEES TWICE)

	FULL TIME	PART-TIME
ADMINISTRATIVE		
CLERICAL		
SUPERVISOR		
EQUIPMENT OPERATOR		
SKILLED LABORER		
UNSKILLED LABORER		

ARE EMPLOYEE PAYROOL REPORTS BEING FILED WITH:
☐ STATE AGENCIES ☐ FEDERAL AGENCIES
PLEASE SUBMIT THE LAST FOUR (4) QUARTERLY REPORTS.

12. FEDERAL IDENTIFICATION NUMBER _____

SOCIAL SECURITY NUMBER _____

MD EMPLOYER NUMBER _____

13. HAVE YOU PREVIOUSLY APPLIED FOR OR BEEN MDOT:
☐ CERTIFIED ☐ DENIED (PLEASE CHECK)

TO APPLY FOR MDOT CERTIFICATION, YOU MUST BE CERTIFIED IN YOUR HOME STATE. PLEASE SUBMIT A COPY OF YOUR HOME CERTIFICATION LETTER AND ON-SITE REPORT.

14. WHO DETERMINES WHAT JOBS THE COMPANY WILL UNDERTAKE?

Name _____

Title _____

15. WHO WILL BE RESPONSIBLE FOR ON-SITE PROJECT SUPERVISION?

NAME _____

TITLE _____

16.

SHAREHOLDERS NAME	MINORITY YES	MINORITY NO	CLASS COMMON OR PREFERRED	NUMBER OF SHARES	VOTING PERCENTAGE	TOTAL COST	DATE OF OWNERSHIP
	☐	☐					
	☐	☐					
	☐	☐					
	☐	☐					

TOTAL NUMBER OF SHARES:

_____ ISSUED
_____ OUTSTANDING

IS THIS A HOLDING OR SUBSIDIARY COMPANY? ☐ YES ☐ NO
IF YOUR FIRM IS OWNED IN FULL OR IN PART BY ANOTHER COMPANY, LIST ON A SEPARATE SHEET THE COMPANY'S SHAREHOLDERES TO INCLUDE PERCENTAGE OF OWNERSHIP INTEREST, AND THE NAMES AND ADDRESSES OF DIRECTORS AND OFFICERS. IF MINORITIES, NO INDICATE.

17. LIST THE 3 LARGEST PROJECTS IN DOLLAR AMOUNTS COMPLETED BY YOUR BUSINESS DURING THE LAST THREE YEARS

(1) A. PRIME CONTRACTOR
Name _____
Address _____ City _____ State _____ ZIP CODE _____
Telephone _____

B. PROJECT IDENTIFICATION: _____
C. TOTAL DOLLAR AMOUNT OF MBE PORTION OF THIS PROJECT: _____
YOUR SHARE OF THE MBE PORTION: _____
D. TYPE OF WORK PERFORMED (USE SIC AND NAICS CODES, IF KNOWN): _____

(2) A. PRIME CONTRACTOR
Name _____
Address _____ City _____ State _____ ZIP CODE _____
Telephone _____

B. PROJECT IDENTIFICATION: _____
C. TOTAL DOLLAR AMOUNT OF MBE PORTION OF THIS PROJECT: _____
YOUR SHARE OF THE MBE PORTION: _____
D. TYPE OF WORK PERFORMED (USE SIC AND NAICS CODES, IF KNOWN): _____

(3) A. PRIME CONTRACTOR
Name _____
Address _____ City _____ State _____ ZIP CODE _____
Telephone _____

B. PROJECT IDENTIFICATION: _____
C. TOTAL DOLLAR AMOUNT OF MBE PORTION OF THIS PROJECT: _____
YOUR SHARE OF THE MBE PORTION: _____
D. TYPE OF WORK PERFORMED (USE SIC AND NAICS CODES, IF KNOWN): _____

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18. LIST ALL SOURCES AND AMOUNTS OF MONEY LOANED TO THE CORPORATION

SOURCE	AMOUNT

19. IDENTIFY YOUR CURRENT BONDING COMPANY AND BANK(S)

BONDING COMPANY	BANK ACCOUNT NUMBERS

23. WERE YOU ISSUED A PERFORMANCE BOND?

☐ YES ☐ NO IF YES, HOW MUCH? _____

20. HAS YOUR FIRM BEEN APPROVED BY THE FEDERAL SMALL BUSINESS ADMINISTRATION 8(a) PROGRAM?

☐ YES ☐ NO

IF YES, FURNISH A COPY OF APPROVAL LETTER

21. NAME, ADDRESS AND TELEPHONE NUMBER OF CPA OR ACCOUNTANT

Name _____

Address _____

City _____

State _____ Zip Code _____

Telephone _____

22. NAME, ADDRESS AND TELEPHONE NUMBER OF CPA OR ACCOUNTANT

Name _____

Address _____

City _____

State _____ Zip Code _____

Telephone _____

24. WHO NEGOTIATES AND SIGNS FOR SURETY BONDS AND WHO SIGNS FOR INSURANCE AND PAYROLL?

	NAME	TITLE
A. SURETY AND / OR PERFORMANCE BONDS		
B. INSURANCE		
C. PAYROLL		

25. ALL ORAL AND TACIT AGREEMENTS SHALL BE REDUCED TO WRITING AND SUBMITTED WITH THIS AFFIDAVIT. IF THERE ARE NO WRITTEN, ORAL, OR TACIT AGREEMENTS CONCERNING THE OPERATION OF THE COMPANY, PLEASE AFFIRM BY SIGNING BELOW.

"THERE ARE NO WRITTEN, ORAL OR TACIT AGREEMENTS CONCERNING THE OPERATION OF THE COMPANY BETWEEN ANY PERSONS ASSOCIATED WITH THE COMPANY"

_____
SIGNATURE OF APPLICANT

FREEDOM OF INFORMATION: THE RELEASE OF STATE DOCUMENTS IS GOVERNED BY THE APPROPRIATE FEDERAL AND STATE REGULATIONS.

FRAUD

A PERSON MAY NOT: FRAUDULENTLY OBTAIN, RETAIN, ATTEMPT TO OBTAIN OR RETAIN, OR AID ANOTHER IN FRAUDULENTLY OBTAINING OR RETAINING OR ATTEMPTING TO OBTAIN OR RETAIN CERTIFICATION AS A MINORITY BUSINESS ENTERPRISE FOR THE PURPOSE OF THIS SUBTITLE:

WILLFULLY MAKE A FALSE STATEMENT, WHETHER BY AFFIDAVIT, REPORT, OR OTHER REPRESENTATION, TO A STATE OFFICIAL OR EMPLOYEE FOR THE PURPOSE OF INFLUENCING THE CERTIFICATION OR DENIAL OF CERTIFICATION OF ANY ENTITY AS A MINORITY BUSINESS ENTERPRISE:

FRAUDULENTLY OBTAIN, ATTEMPT TO OBTAIN, OR AID ANOTHER PERSON IN FRAUDULENTLY OBTAINING OR ATTEMPTING TO OBTAIN, PUBLIC MONIES TO WHICH THE PERSON IS NOT ENTITLED UNDER THIS SUBTITLE.

ANY PERSON WHO VIOLATES THE PROVISIONS OF SUBSECTION IS GUILTY OF A FELONY AND UPON CONVICTION IS SUBJECT TO IMPRISONMENT FOR A PERIOD OF NOT LONGER THAN 5 YEARS, OR FINE OF NOT MORE THAN $ 10,000.00 OR BOTH.

A PERSON MY NOT WILLFULLY MAKE FALSE STATEMENTS THAT ANY ENTITY IS OR IS NOT CERTIFIED AS A MINORITY BUSINESS ENTERPRISE FOR PURPOSES OF THIS SUBTITLE. ANY PERSON WHO VIOLATES THE PROVISIONS OF THIS SUBSECTION IS GUILTY OF A MISDEMEANOR AND UPON CONVICTION IS SUBJECT TO IMPRISONMENT FOR A PERIOD OF NOT MORE THAN 6 MONTHS, OR A FINE OF NOT MORE THAN $500.00 OR BOTH. (TITLE 14, SECTION 14-308 OF THE STATE FINANCE AND PROCUREMENT ARTICLE OF THE ANNOTATED CODE OF MARYLAND)

I HAVE READ THE FRAUD STATUTE

_____
SIGNATURE OF APPLICANT

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THIS DISCLOSURE AFFIDAVIT INCLUDES ALL MATERIAL INFORMATION NECESSARY TO IDENTIFY AND TO EXPLAIN THE OPERATIONS OF (NAME OF BUSINESS)

_____

(HEREINAFTER "APPLICANT") IN ORDER TO DETERMINE IF APPLICANT IS A BONAFIDE MINORITY BUSINESS ENTERPRISE WHICH IS OWNED AND CONTROLLED BY MINORITIES IN ACCORDANCE WITH THE REQUIREMENTS OF THE MARYLAND DEPARTMENT OF TRANSPORTATION MINORITY BUSINESS ENTERPRISE PROGRAM MANUAL. FURTHER, THE UNDERSIGNED DOES COVENANT AND AGREE TO PROVIDE THE MARYLAND DEPARTMENT OF TRANSPORTATION INFORMATION REGARDING ACTUAL WORK PERFORMED ON A MARYLAND DEPARTMENT OF TRANSPORTATION PROJECT, THE PAYMENT THEREFORE, AND ANY PROPOSED CHANGES IN ANY OF THE ARRANGEMENTS HEREINABOVE STATED AND TO PERMIT AN AUDIT, TO INCLUDE INTERVIEW OF PRINCIPALS, EMPLOYEES, AND OFFICERS AND AN EXAMINATION OF THE BOOKS, RECORDS, AND FILES OF THE APPLICANT BY AUTHORIZED REPRESENTATIVES OF THE MARYLAND DEPARTMENT OF TRANSPORTATION OR THE FEDERAL GOVERNMENT PRIOR TO AND AFTER INCLUSION IN THE MARYLAND DEPARTMENT OF TRANSPORTATION MINORITY BUSINESS ENTERPRISE DIRECTORY AS DEEMED NECESSARY.

I ACKNOWLEDGE AND AGREE THAT REPRESENTATIVES OF THE MARYLAND DEPARTMENT OF TRANSPORTATION SHALL BE PERMITTED TO MAKE INQUIRIES OF CREDIT BUREAUS, BANKS, LENDING INSTITUTIONS, BONDING COMPANIES, VENDORS, SUPPLIERS, INSURANCE COMPANIES, AND PRIOR AND CURRENT CONTRACTORS CONCERNING THE FINANCIAL RESPONSIBILITY OF APPLICANT.

I ACKNOWLEDGE THAT THIS AFFIDAVIT IS TO BE FURNISHED TO THE SECRETARY OF THE MARYLAND DEPARTMENT OF TRANSPORTATION AND MAY BE DISTRIBUTED TO THE MARYLAND DEPARTMENT OF TRANSPORTATION MINORITY BUSINESS ENTERPRISE ADVISORY COMMITTEE AND MAY ALSO BE DISTRIBUTED TO BOARDS, COMMISSIONS, ADMINISTRATIONS, DEPARTMENTS AND AGENCIES OF: (1) THE STATE OF MARYLAND; AND (2) COUNTIES OR OTHER SUBDIVISIONS OF THE STATE OF MARYLAND; AND (3) OTHER STATES; AND (4) THE FEDERAL GOVERNMENT. I FURTHER ACKNOWLEDGE THAT THIS AFFIDAVIT IS SUBJECT TO APPLICABLE LAWS OF THE UNTIED STATES AND THE STATE OF MARYLAND, BOTH CRIMINAL AND CIVIL, AND THAT NOTHING IN THIS AFFIDAVIT SHALL BE CONSTRUED TO SUPERSEDE, AMEND, MODIFY, OR WAIVE ON BEHALF OF THE MARYLAND DEPARTMENT OF TRANSPORTATION, THE MARYLAND BOARD OF PUBLIC WORKS AND ANY OTHER OFFICE OR AGENCY OF THE STATE OF MARYLAND HAVING JURISDICTION, THE EXERCISE OF ANY STATUTORY RIGHT OR REMEDY CONFERRED BY THE CONSTITUTION AND THE LAWS OF MARYLAND IN RESPECT TO ANY MISREPRESENTATION MADE OR ANY VIOLATION OF THE OBLIGATIONS, TERMS AND COVENANTS UNDERTAKEN BY THE ABOVE FIRM IN RESPECT TO THIS AFFIDAVIT.

I ACKNOWLEDGE AND AGREE THAT THE APPLICANT WILL BE REQUIRED TO APPEAR FOR INTERVIEW BY THE MARYLAND DEPARTMENT OF TRANSPORTATION MINORITY BUSINESS ENTERPRISE ADVISORY COMMITTEE.

I ACKNOWLEDGE THAT THE ELIGIBILITY OF THE APPLICANT FOR CERTIFICATION AS A MINORITY BUSINESS ENTERPRISE WILL BE DETERMINED AS OF THE DATE OF THE DISCLOSURE AFFIDAVIT, BASED ON THE INFORMATION AND DOCUMENTATION SUBMITTED HEREWITH, ANY CHANGES IN OWNERSHIP OR CONTROL MAY NOT BE CONSIDERED IN DETERMINING ELIGIBILITY.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT, AND THAT I AM AUTHORIZED, ON BEHALF OF THE ABOVE FIRM, TO MAKE THIS AFFIDAVIT.

_____ _____

DATE (MM/DD/YYYY) SIGNATURE OF APPLICANT

_____

TITLE

NOTARY CERTIFICATE

STATE OF: _____ COUNTY (CITY) OF: _____

ON THE: _____ OF _____ _____ BEFORE ME. _____

(DAY) (MONTH) (YEAR)

THE UNDERSIGNED OFFICER, PERSONALLY APPEARED _____
KNOWN TO ME TO BE PERSON DESCRIBED IN THE FOREGOING AFFIDAVIT AND ACKNOWLEDGED THAT HE (SHE) EXECUTED THE SAME IN THE CAPACITY THEREIN STATED AND FOR THE PURPOSES THEREIN CONTAINED ANDT HAT THE STATEMENTS CONTAINED THEREIN ARE TRUE AND CORRECT, IN WITNESS WHEREOF, I HEREUNTO SET MY HAND AND OFFICIAL SEAL.

SEAL

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____

TTY (410) 865-1342; Indicate any special needs or alternative format request (interpreter, large print, Braille, etc.) by calling:

VOICE	TTY	FAX NUMBER	INTERNET
(410) 865-1269 1-800-544-6056	(410) 865-1342	(410) 865-1309	www.mdot.maryland.gov

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Statement of Disadvantage

Socially disadvantaged individuals are those who have been subjected to racial or ethnic prejudice or cultural bias within American society because of their identities as members of groups and without regard to their individual qualities. Economically disadvantaged individuals are socially disadvantaged individuals whose ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially disadvantaged. An individual whose personal net worth exceeds **one million seven hundred seventy one thousand five hundred sixty four dollars ($1,771,564)** is not economically disadvantaged.

I hereby certify that I have read and understand the above statement and that I am both socially and economically disadvantaged.

_____ _____

Date Name

State of Maryland)

) **TO WIT**:

_____COUNTY)

I HEREBY CERTIFY, that on the _____ day of _____, in the year _____, before the subscriber, a notary public of the State of Maryland, in and for the County aforesaid, personally appeared _____, known to me to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

_____

Notary Public

My Commission expires: _____