

***SBE AFFIDAVIT  
SUPPORTING DOCUMENTS CHECKLIST***

In order to complete your affidavit to qualify for SBE status, you must attach copies of all of the following documents.

**All Applicants**

- Most recent Federal Business tax return and all related schedules, forms and attachments for Applicant Firm and each Affiliate Firm
- Work experience resumes (include places of ownership/employment with corresponding dates), for any new owners and/or officers of your firm
- Copies of any changed documents since last approved submission, if applicable

**Trucking Firms**

- List of trucks owned and/or leased
- Title(s) and registration certificate(s) for each truck owned
- Lease agreements for each truck leased
- Insurance agreements for each truck

**Suppliers**

- List of product lines carried
- List of distribution equipment owned and/or leased
- Proof of ownership and/or lease agreement(s) of distribution equipment

Under Sec. 26.107 of 49 CFR Part 26, dated February 2, 1999, if at any time, the Department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Department may initiate suspension or debarment proceedings against the person or firm under 49 CFR Part 29, take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.

**Section 1: Certification Information & Business Profile**

<b>Contact Person and Title:</b>		<b>Legal Name of Firm:</b>		
Primary Phone:	Secondary Phone:	Fax Number:		
Primary E-Mail:		Website (if applicable):		
Street Address of Firm ( <i>No P.O. Box</i> ):	City:	County/Parish:	State:	Zip Code:
Mailing Address of firm (if different)	City:	County/Parish:	State:	Zip Code:
<b>Type of firm (check one):</b>				
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation		
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Joint Venture		
<b>Describe the primary activities of your firm:</b>		<b>Federal Tax ID (if applicable)</b>		
		1. _____ 2. _____		
		<b>Applicable NAICS Code(s):</b>		
		1. _____	2. _____	3. _____
	4. _____	5. _____	6. _____	
<b>Number of Employees:</b>				
Full-time:	Part-time:	Total:		
_____	_____	_____		

**Section 2: Prior/Other Applications and Certifications**

A. Has your firm (under any name) or any of its owners, Board of Directors/Members, officers or management personnel, ever withdrawn an application, been denied certification, decertified, debarred, suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity?

Yes, on \_\_\_/\_\_\_/\_\_\_\_  No

If Yes, identify State and name of state, local, or Federal agency and explain the nature of the action:

Out of State Firms (Only)

B. Is the firm currently certified in your home state?

Yes, date certified \_\_\_/\_\_\_/\_\_\_\_. If Yes, when was the latest on-site conducted? \_\_\_/\_\_\_/\_\_\_\_.

*Note: Please include a copy of your certification letter and/or certificate if applicable.*

No, status removed \_\_\_/\_\_\_/\_\_\_\_.

*Note: Please include a copy of your Removal of Eligibility Letter if applicable.*

**Note:** Please supply supporting documentation, statement(s) and/or other information in addition to the pages within this form, for any of the below questions in Section 3 and 4 which you indicated there has been a change.

### Section 3: Owners/Shareholders, Officers or Board of Directors

<p>1. Since your last submission, have there been any changes to the firm's owners/shareholders, officers or board of directors?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, please provide additional information if applicable:</p> <hr/> <hr/>
<p>2. Do any of the firm's current owners/shareholders, officers or board of directors perform a management/supervisory function or have ownership in any other firm(s)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, please provide additional information if applicable:</p> <hr/> <hr/>
<p>3. Since your last submission, have there been any changes to the disadvantaged owner's responsibilities within the firm?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, please provide additional information if applicable:</p> <hr/> <hr/>
<p>4. Since your last submission, have you or any owners/shareholders sold or transferred any interest in the business?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, please provide additional information if applicable:</p> <hr/> <hr/>

### Section 4: Personal Net Worth (PNW)

<p>1. Since the last submission, has the owner(s) acquired any new real estate?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, please provide additional information if applicable:</p> <hr/> <hr/>
<p>2. Since your last submission, have there been changes to the PNW of the disadvantaged owner(s)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, please provide additional information if applicable:</p> <hr/> <hr/>
<p>3. Is the PNW of the disadvantaged owner(s) equal to or less than \$1,320,000?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, please provide additional information if applicable:</p> <hr/> <hr/>
<p>4. Since your last submission, have there been any contributions or transfers of assets to/from your firm and to/from any of its owners?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, please provide additional information if applicable:</p> <hr/> <hr/>

**Note:** Please supply supporting documentation, statement(s) and/or other information in addition to the pages within this form, for any of the below questions in Section 5 and 6 which you indicated there has been a change.

### Section 5: Trucking Firms

<p>1. Since your last submission, has the firm acquired or sold any trucks?</p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>For each truck please provide:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> List of trucks owned and/or leased</li> <li><input type="checkbox"/> Title(s) and registration certificate(s) for each truck owned</li> <li><input type="checkbox"/> Lease agreement for each truck leased</li> <li><input type="checkbox"/> Insurance agreement or each truck</li> </ul>	<p>If Yes, please provide additional information if applicable:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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### Section 6: Business Activities

<p>1. Since your last submission, has your firm begun to work in any new area and/or provided new services or supplies?</p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>For each new area, please provide:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Existing contracts</li> <li><input type="checkbox"/> Invoices</li> </ul>	<p>If Yes, please provide additional information if applicable:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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*SBE AFFIDAVIT OF CERTIFICATION*

*This form must be signed and notarized for each owner upon which disadvantaged status is relied.*

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS ANNUAL AFFIDAVIT IS SUFFICIENT CAUSE FOR REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, 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.

State/Commonwealth of \_\_\_\_\_)

County of \_\_\_\_\_) ss.

BEFORE ME, the undersigned authority, in and for the said State/Commonwealth and said County personally appeared \_\_\_\_\_ who, after being sworn according to law, state that he or she was authorized to represent \_\_\_\_\_ and to execute the affidavit on behalf of the said firm and stated under penalty of perjury that the foregoing information, supporting documents, and following statements are true, correct, accurate and complete.

I acknowledge and agree that any misrepresentations in this annual affidavit 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; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I agree that any change in circumstances affecting the company's ability to meet size, disadvantaged status, ownership, and/or control requirements of Part 26 or any change in the financial condition of said company must be brought to the attention of the Pennsylvania Department of Transportation within thirty (30) calendar days of the occurrence.

I further certify that my personal net worth does not exceed \$1,320,000.

I acknowledge that any distortion, false statements, or non-disclosure of information will be deemed to be a material misrepresentation and is subject to prosecution under both Federal and State Law.

(SEAL)

SWORN AND SUBSCRIBED BEFORE ME

THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

_____ (SIGNATURE OF AFFIANT)	_____ (DATE)
_____ (PRINTED NAME)	
_____ (TITLE)	
_____ (COMPANY NAME)	
_____ (SIGNATURE OF NOTARY PUBLIC)	
My Commission Expires: _____	

### Section 7: Business Activities

Please indicate the County(ies) to denote the geographical area of the Commonwealth where you would consider doing work.

- STATEWIDE
- |                                    |                                     |                                     |                                     |                                       |                                       |                                       |
|------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Adams     | <input type="checkbox"/> Cambria    | <input type="checkbox"/> Cumberland | <input type="checkbox"/> Huntingdon | <input type="checkbox"/> Lycoming     | <input type="checkbox"/> Philadelphia | <input type="checkbox"/> Venango      |
| <input type="checkbox"/> Allegheny | <input type="checkbox"/> Cameron    | <input type="checkbox"/> Dauphin    | <input type="checkbox"/> Indiana    | <input type="checkbox"/> McKean       | <input type="checkbox"/> Pike         | <input type="checkbox"/> Warren       |
| <input type="checkbox"/> Armstrong | <input type="checkbox"/> Carbon     | <input type="checkbox"/> Delaware   | <input type="checkbox"/> Jefferson  | <input type="checkbox"/> Mercer       | <input type="checkbox"/> Potter       | <input type="checkbox"/> Washington   |
| <input type="checkbox"/> Beaver    | <input type="checkbox"/> Centre     | <input type="checkbox"/> Elk        | <input type="checkbox"/> Juniata    | <input type="checkbox"/> Mifflin      | <input type="checkbox"/> Schuylkill   | <input type="checkbox"/> Wayne        |
| <input type="checkbox"/> Bedford   | <input type="checkbox"/> Chester    | <input type="checkbox"/> Erie       | <input type="checkbox"/> Lackawanna | <input type="checkbox"/> Monroe       | <input type="checkbox"/> Snyder       | <input type="checkbox"/> Westmoreland |
| <input type="checkbox"/> Berks     | <input type="checkbox"/> Clarion    | <input type="checkbox"/> Fayette    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Montgomery   | <input type="checkbox"/> Somerset     | <input type="checkbox"/> Wyoming      |
| <input type="checkbox"/> Blair     | <input type="checkbox"/> Clearfield | <input type="checkbox"/> Forest     | <input type="checkbox"/> Lawrence   | <input type="checkbox"/> Montour      | <input type="checkbox"/> Sullivan     | <input type="checkbox"/> York         |
| <input type="checkbox"/> Bradford  | <input type="checkbox"/> Clinton    | <input type="checkbox"/> Franklin   | <input type="checkbox"/> Lebanon    | <input type="checkbox"/> Northampton  | <input type="checkbox"/> Susquehanna  |                                       |
| <input type="checkbox"/> Bucks     | <input type="checkbox"/> Columbia   | <input type="checkbox"/> Fulton     | <input type="checkbox"/> Lehigh     | <input type="checkbox"/> Northumber'd | <input type="checkbox"/> Tioga        |                                       |
| <input type="checkbox"/> Butler    | <input type="checkbox"/> Crawford   | <input type="checkbox"/> Greene     | <input type="checkbox"/> Luzerne    | <input type="checkbox"/> Perry        | <input type="checkbox"/> Union        |                                       |

County Map of Pennsylvania

