



Disadvantaged Business Enterprise (DBE) – Interstate Certification Form

Please complete in entirety. The *Declaration of Eligibility* must be signed for each owner whose disadvantaged status is relied upon for certification. Electronic submission will be accepted; however, please retain the original as it may be requested at any time.

Business Name:	EIN:		
DBE Owner Name:	Contact Name:		
Street Address:	City/State/Zip:		
Mailing Address:	City/State/Zip:		
Business Phone:	Fax Number:		
Email Address:	Website:		

Legal Structure of Business:	Certification Type Requested:
<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 <input type="checkbox"/> Other _____	<input type="checkbox"/> DBE <input type="checkbox"/> ACDBE
	For Out of State Firms:
	Jurisdiction of Original Certification (JOC) _____ Date of original certification: _____

- My personal net worth (*excluding equity in my primary residence and ownership interest in firm*) is \$ _____.
- The firm's gross receipts for the previous calendar year (20____) were \$ _____ **(must submit corresponding Federal taxes)**
- During the past year, have changes occurred in (if selected, provide further explanation and submit supporting documentation):**
 - Legal structure of the firm?
 - Firm's ownership (*includes a change in the interest of existing owners and/or addition/removal of owners*)?
 - The directors and/or officers?
 - Bylaws?
 - Business agreements (*partnership agreement, joint venture agreement, LLC operating agreement, etc*)?
 - Duties of the owner(s) and/or other key personnel?
- Did any stockholder, director, partner, and/or manager establish a new business relationship with/or purchase ownership in any other firm?** If yes, provide further explanation and submit supporting documentation..... Yes No

Please check all States your DBE business is certified:

List of States & Territories

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Illinois | <input type="checkbox"/> Montana | <input type="checkbox"/> Rhode Island |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Indiana | <input type="checkbox"/> Nebraska | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Iowa | <input type="checkbox"/> Nevada | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Kansas | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> California | <input type="checkbox"/> Kentucky | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Maine | <input type="checkbox"/> New York | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Maryland | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Michigan | <input type="checkbox"/> Ohio | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Oregon | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> Missouri | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Puerto Rico |
| | | | <input type="checkbox"/> U.S. Virgin Islands |

Print Name:		Title:	
Signature:		Date:	

EQUAL EMPLOYMENT OPPORTUNITY
AFFIDAVIT

CONTRACTOR: _____

PROJECT: _____

DATE: _____

DOES HEREBY CERTIFY, THAT OUR COMPANY DOES AND WILL ADHERE TO THE EQUAL EMPLOYMENT OPPORTUNITY REQUIREMENTS NOT TO DISCRIMINATE AND TO TAKE AFFIRMATIVE ACTION TO ASSURE EQUAL EMPLOYMENT OPPORTUNITY AS REQUIRED BY EXECUTIVE ORDERS 11246 AND 11375 AS SET FORTH IN REQUIRED CONTRACT PROVISIONS **23CFR §230, FHWA-1273**, (FORM PR-1273) AND THE SPECIAL PROVISION **SS-100E, (SPECIFIC EQUAL EMPLOYMENT OPPORTUNITY REQUIREMENTS AND TRAINING PROVISIONS)**, AND THAT OUR COMPANY WILL WORK WITH THE WYOMING DEPARTMENT OF TRANSPORTATION IN CARRYING OUT EQUAL EMPLOYMENT OPPORTUNITY OBLIGATIONS AND IN THE WYOMING DEPARTMENT OF TRANSPORTATION'S REVIEW OF OUR ACTIVITIES UNDER THE CONTRACT AND THAT OUR COMPANY AND ALL SUBCONTRACTORS HOLDING SUBCONTRACTS, NOT INCLUDING MATERIAL SUPPLIERS, WILL COMPLY WITH THE SPECIFIC REQUIREMENT ACTIVITIES OF EQUAL EMPLOYMENT OPPORTUNITY SET FORTH IN THE SPECIAL PROVISIONS.

OUR COMPANY WILL FURTHER DISSEMINATE THE EQUAL EMPLOYMENT OPPORTUNITY POLICY OF THE COMPANY AT LEAST EVERY SIX MONTHS TO ALL MEMBERS OF OUR STAFF WHO ARE AUTHORIZED TO HIRE, SUPERVISE, PROMOTE AND DISCHARGE EMPLOYEES OR WHO RECOMMEND SUCH ACTION OR WHO ARE SUBSTANTIALLY INVOLVED IN SUCH ACTION. WHEN SEEKING EMPLOYEES, OUR COMPANY WILL MAKE KNOWN TO OUR PRESENT EMPLOYEES, POTENTIAL SOURCES OF EMPLOYEES, I.E. SCHOOLS, EMPLOYMENT AGENCIES, LABOR UNIONS (WHERE APPROPRIATE), COLLEGE PLACEMENT OFFICERS, THE COMPANY'S EEO POLICY THROUGH THE USE OF APPROPRIATE POSTERS AND NOTICES IN AREAS READILY ACCESSIBLE TO EMPLOYEES, APPLICANTS FOR EMPLOYMENT AND POTENTIAL EMPLOYEES.

WHEN ADVERTISING FOR EMPLOYEES, OUR COMPANY WILL INCLUDE IN ALL ADVERTISEMENTS FOR EMPLOYEES, THE NOTATION "AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER". ADVERTISING WILL BE DONE IN NEWSPAPERS OR OTHER PUBLICATIONS HAVING A SUBSTANTIAL OR LARGE MINORITY CIRCULATION.

RECRUITMENT OF EMPLOYEES WILL BE MADE THROUGH PUBLIC AND PRIVATE EMPLOYEE REFERRAL SOURCES LIKELY TO YIELD QUALIFIED MINORITY AND FEMALE GROUP APPLICANTS. WE WILL THROUGH OUR EEO OFFICER IDENTIFY SOURCES OF POTENTIAL MINORITY AND FEMALE GROUP EMPLOYEES AND ESTABLISH WITH SUCH IDENTIFIED SOURCES PROCEDURES WHICH WILL PROMOTE THE REFERRAL OF MINORITY AND FEMALE APPLICANTS. THE COMPANY WILL ENCOURAGE PRESENT EMPLOYEES TO REFER MINORITY AND FEMALE APPLICANTS BY POSTING APPROPRIATE NOTICES OR BULLETINS IN ACCESSIBLE AREAS AND BY DISCUSSING REFERRAL PROCEDURES WITH PRESENT EMPLOYEES.

OUR COMPANY FURTHER ASSURES THAT WAGES, WORKING CONDITIONS AND EMPLOYEE BENEFITS SHALL BE ESTABLISHED AND ADMINISTERED, AND PERSONNEL ACTIONS OF EVERY TYPE, INCLUDING HIRING, UPGRADING, PROMOTION, TRANSFER, DEMOTION, LAYOFF AND TERMINATION, SHALL BE TAKEN WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN. WE WILL MAKE INSPECTIONS AT LEAST EVERY MONTH DURING CONSTRUCTION TO INSURE THAT WORKING CONDITIONS AND EMPLOYEE FACILITIES DO NOT INDICATE DISCRIMINATORY TREATMENT OF PROJECT SITE PERSONNEL. WE WILL REVIEW PERSONNEL ACTIONS TO GUARD AGAINST DISCRIMINATORY ACTIONS AND WILL TAKE CORRECTIVE ACTION WHERE REQUIRED.

ALL COMPLAINTS OF DISCRIMINATION WILL BE INVESTIGATED IMMEDIATELY AND CORRECTIVE ACTION TAKEN WHERE NECESSARY.

WE WILL ASSIST IN LOCATING, QUALIFYING AND INCREASING SKILLS OF MINORITY AND FEMALE GROUP EMPLOYEES AND APPLICANTS FOR EMPLOYMENT.

WE WILL MAKE USE OF TRAINING PROGRAMS, PRE-APPRENTICESHIP, APPRENTICESHIP, AND/OR ON-THE-JOB TRAINING PROGRAMS FOR THE GEOGRAPHICAL AREA OF CONTRACT PERFORMANCE, CONSISTENT WITH THE NEEDS AND ORGANIZATION OF OUR COMPANY AND AS PERMISSIBLE UNDER FEDERAL AND STATE REGULATIONS. WE WILL ADVISE EMPLOYEES AND APPLICANTS FOR EMPLOYMENT OF AVAILABLE TRAINING PROGRAMS. WE WILL REVIEW THE TRAINING AND PROMOTION POTENTIAL OF MINORITY AND FEMALE GROUP EMPLOYEES. WE WILL ENCOURAGE ELIGIBLE EMPLOYEES TO APPLY FOR SUCH TRAINING AND PROMOTION.

WE WILL, IN RELYING IN WHOLE OR IN PART UPON UNIONS FOR EMPLOYEES, USE OUR BEST EFFORTS TO PROMOTE THE TRAINING AND QUALIFYING OF MINORITY AND FEMALE INDIVIDUALS FOR MEMBERSHIP IN UNIONS.

WE WILL USE OUR BEST EFFORTS TO PROMOTE THE INCORPORATION OF EQUAL EMPLOYMENT OPPORTUNITY CLAUSES INTO ALL UNION AGREEMENTS.

WE WILL THROUGH OUR DBE LIAISON OFFICER SEEK OUT AND PROVIDE MAXIMUM SUBCONTRACT OPPORTUNITY TO DISADVANTAGED BUSINESS ENTERPRISES **IN ACCORDANCE WITH SPECIAL PROVISION SS-100F (DISADVANTAGED BUSINESS ENTERPRISE PARTICIPATION)**. WE WILL REQUIRE ALL SUBCONTRACTORS TO COMPLY WITH THE EQUAL EMPLOYMENT REQUIREMENTS OF THIS CONTRACT.

- (1) WE WILL DISSEMINATE SUBCONTRACT INFORMATION TO DBE FIRMS KNOWN TO PERFORM THE TYPE OF WORK TO BE SUBCONTRACTED.
- (2) WE WILL FURNISH THE WYOMING DEPARTMENT OF TRANSPORTATION WITH THE NAMES AND ADDRESSES OF ALL DBE FIRMS THAT WILL BE PARTICIPATING IN THE PROPOSED CONTRACT.
- (3) WE WILL PROVIDE THE WYOMING DEPARTMENT OF TRANSPORTATION WITH A DESCRIPTION OF THE TYPE OF WORK AND AMOUNT OF WORK BY DOLLAR VOLUME THAT EACH DBE FIRM WILL BE PERFORMING.
- (4) WE WILL PROVIDE A LIST OF DBE FIRMS CONTACTED IN THE PROCESS OF SOLICITING QUOTATIONS FOR WORK TO BE SUBCONTRACTED, THE TYPE OF WORK TO BE SUBCONTRACTED AND THE INDIVIDUAL RESPONSE RECEIVED FROM THE DBE FIRMS CONTACTED.

WE WILL MAINTAIN AND PROVIDE ALL REQUIRED RECORDS. INFORMATION TO BE PROVIDED WILL INCLUDE THE NUMBER OF MINORITY, FEMALE, AND NON-MINORITY GROUP MEMBERS EMPLOYED IN EACH WORK CLASSIFICATION ON THE PROJECT. WHEN UTILIZING UNIONS, THE PROGRESS AND EFFORTS BEING MADE IN INCREASING MINORITY AND FEMALE GROUP EMPLOYMENT OPPORTUNITIES; THE PROGRESS AND EFFORTS BEING MADE IN LOCATING, TRAINING, QUALIFYING AND UPGRADING MINORITY AND FEMALE GROUP EMPLOYEES; THE PROGRESS AND EFFORTS BEING MADE IN SECURING THE SERVICES OF DISADVANTAGED BUSINESS ENTERPRISE SUBCONTRACTORS WITH MEANINGFUL DISADVANTAGED GROUP REPRESENTATION AMONG THEIR EMPLOYEES. ALL SUCH RECORDS WILL BE KEPT FOR A PERIOD OF THREE YEARS FOLLOWING COMPLETION OF THE CONTRACT WORK AND WILL BE AVAILABLE AT REASONABLE TIMES AND PLACES FOR INSPECTION BY AUTHORIZED REPRESENTATIVES.

OUR COMPANY WILL SUBMIT TO THE WYOMING DEPARTMENT OF TRANSPORTATION FORM PR-1391, AN ANNUAL REPORT EACH JULY, WHEN THERE ARE EMPLOYEES WORKING ON THIS PROJECT DURING JULY. THE REPORT WILL INDICATE THE NUMBER OF MINORITY, FEMALES, AND NON-MINORITY GROUP EMPLOYEES CURRENTLY ENGAGED IN EACH WORK CLASSIFICATION REQUIRED BY THE CONTRACT WORK.

THE COMPANY ALSO CERTIFIES THAT THE FOLLOWING STATEMENT IS ACCEPTED AS OPERATING POLICY DESIGNED TO FURTHER THE PROVISION OF EQUAL EMPLOYMENT OPPORTUNITY TO ALL PERSONS WITHOUT REGARD TO THEIR RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN, AND TO PROMOTE THE FULL REALIZATION OF EQUAL EMPLOYMENT OPPORTUNITY THROUGH A POSITIVE CONTINUING PROGRAM:

"IT IS THE POLICY OF THIS COMPANY TO ASSURE THAT APPLICANTS ARE EMPLOYED, AND THAT EMPLOYEES ARE TREATED DURING EMPLOYMENT, WITHOUT REGARD TO THEIR RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN. SUCH ACTION SHALL INCLUDE: EMPLOYMENT, UPGRADING, DEMOTION, OR TRANSFER: RECRUITMENT OR RECRUITMENT ADVERTISING: LAYOFF OR TERMINATION: RATES OF PAY OR OTHER FORMS OF COMPENSATION: AND SELECTION FOR TRAINING, INCLUDING APPRENTICESHIP, PRE-APPRENTICESHIP, AND/OR ON-THE-JOB TRAINING."

CONTRACTOR COMPANY NAME (**REQUIRED**): _____

Signed By: _____ Title: _____ Date: _____

COMPANY EQUAL EMPLOYMENT OFFICER (**REQUIRED**):

_____, (Name of EEO Officer)

(_____) _____ (Business Address) (24 hour Telephone Number)

COMPANY DBE LIAISON OFFICER (**REQUIRED**):

_____, (Name of DBE Liaison Officer)

(_____) _____ (Business Address) (Telephone Number)



Paperwork Reduction Act Burden Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2105-0586. Public reporting for this collection of information is estimated to be approximately 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information.

All responses to this collection of information are mandatory under 49 CFR §§ 23.39 and 26.83); the nature and extent of confidentiality to be provided, if any under 49 CFR §§ 26.83 and 26.109. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, (your agency name and address), Washington, D.C. 20590.

Privacy Act Statement (5 U.S.C. § 552a, as amended):

AUTHORITY: [42 U.S.C. 2000d et seq.](#), [§ 12101 et seq.](#), [42 U.S.C. 6101 et seq.](#); [29 U.S.C. 794, 749d](#); [49 U.S.C. 47113](#); [42 U.S.C. 12101](#); [49 CFR Part 23](#); [49 CFR Part 26](#), and [Executive Order 13160](#).

PURPOSE(S): DOT will use the information collected to respond to Disadvantaged Business Enterprise (DBE) and Airport Concession Disadvantaged Business Enterprise (ACDBE) inquiries and adjudicate appeals.

ROUTINE USE(S): In accordance with DOT's system of records notice, DOT/ALL-24 Departmental Office of Civil Rights System, 76 FR 71108 (Nov. 16, 2011), the information provided may be disclosed to the U. S. Department of Justice, including United States Attorney's Offices, or other Federal agency conducting litigation or in proceedings before any court, adjudicative or administrative body, when it is necessary to the litigation and one of the following is a party to the litigation or has an interest in such litigation. A comprehensive list of routine uses can be found in DOT/ALL 24 and DOT's General Statement of Routine uses, 75 FR 82138 (Dec. 29, 2010). 77 FR 42796 (July 20, 2012), 84 FR 55222 (Oct. 15, 2019).

DISCLOSURE: Provision of the requested information is voluntary; however, failure to furnish the requested information may result in the denial of a DBE or ACDBE application and an inability of the Department to process an appeal or inquiry from any party.



DECLARATION OF ELIGIBILITY

This form must be signed by *EACH OWNER* upon whose disadvantaged status the firm relies for certification.

A FALSE STATEMENT OR MATERIAL OMISSION MADE IN CONNECTION WITH THIS SUBMISSION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, DECERTIFICATION, OR SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE UNDER FEDERAL AND STATE LAW.

I _____(full name printed), declare under penalty of perjury that I am _____(title) of the firm _____, all of the foregoing information and statements submitted for eligibility are true, correct, and complete to the best of my knowledge. 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 material is for the purpose of inducing certification 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 material, and I authorize such agency to contact any entity named in certification material, 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 or decertification.

If awarded a contract, subcontract, concession lease or sublease, as detailed in § 26.55, 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 my firm's (1) commercially useful function (CUF) performed on the project or concession lease; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to notify the certifying agency of a material change in circumstances that affects my firm's eligibility within 30 days of its occurrence, explain the change fully, and include a duly executed Declaration of Eligibility (this form) with the notice.

I acknowledge and agree that any misrepresentations in certification materials or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or

decertification; suspension and debarment; and for initiating action under federal and/or state law.

I declare that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Disadvantaged Business Enterprise or Airport Concession Disadvantaged Business Enterprise. In support of my application, I declare that I am a member of one or more of the following groups, and that I have held myself out as a member of the group(s): (Check all that apply):

- Women Black American Hispanic American
- Native American Asian Pacific American
- Subcontinent Asian American
- Other pursuant to 49 CFR § 26.67(d)

I declare that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified above, without regard to my individual qualities.

I further declare that my personal net worth does not exceed the DBE program's limit posted on <https://www.transportation.gov/DBEPNW>, and that I am economically disadvantaged because My 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 and economically disadvantaged.

PURSUANT TO 28 USC § 1746:

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. EXECUTED ON _____

**SIGNATURE _____
(OWNER)**