



Environmental Protection Agency

OMB Control No: ____
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Approval Expires: ____

EPA DBE Certification Application
For a Minority Business Enterprise (MBE)/Women-owned Business Enterprise (WBE)
Under EPA's Disadvantaged Business Enterprise (DBE) Program

For Corporations

Business Profile:

Name of applicant firm: _____

Name of President/Chief Executive Officer: _____

EIN: _____ E-mail Address: _____

Business Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Mailing Address (if different than above): _____ County: _____

City: _____ State: _____ Zip Code: _____

What is the firm's 4-digit primary North American Industrial Classification (NAIC) code? _____

Are you claiming disabled status? ☐ Yes ☐ No. (i.e., a United States citizen who has permanent or temporary physical or mental impairment that substantially limits one or more of your major life activities). If yes, please submit documentation substantiating such disability.

Is your firm at least 51% owned by a Disabled American? ☐ Yes ☐ No.

Is your firm certified by the Small Business Administration under its 8(a) Business Development Program? ☐ Yes ☐ No. If yes, provide PRO-Net number: _____

Is your firm certified by the Small Business Administration under its Small Disadvantaged Business (SDB) Program? ☐ Yes ☐ No. If yes, provide PRO-Net number: _____

Is your firm certified as a DBE by a U.S. Department of Transportation recipient? ☐ Yes ☐ No. If yes, provide State(s) and ID number(s): _____

Is your firm certified by a State government, local government, Indian tribal government, or independent private organization? ☐ Yes ☐ No. If yes, provide ID number the certifying entity: _____

Has your firm ever been denied certification by a Federal agency, State government, local government, Indian tribal government, or independent private organization? ☐ Yes ☐ No If yes, provide a copy of the prior determination of attempts to obtain certification: _____

Do you have any other certification as a disadvantaged business entity, i.e, MBE, DBE, WBE, etc?

☐ Yes ☐ No. If yes, provide State(s) and ID number(s) _____

In accordance with 13 CFR §124.103, designated group members are presumed to be socially disadvantaged. Designated group members are individuals who hold themselves out to be and are identified by others as Black Americans, Native Americans (American Indians, Eskimos, Aleuts, or Native Hawaiians), Hispanic Americans, Subcontinent Asian Americans, Asian Pacific Americans, and any other groups designated by the Small Business Administration (SBA). If an individual is claiming to be a member of a designated group, complete Section A of this application. If an individual is not claiming to be a member of a designated group, complete Section B of this application. All applicants must complete Sections C, D, and E of this application.

SECTION A

Eligibility Statement - Designated Group Members

Social Disadvantage

1. Is your firm at least 51% owned by a U.S. citizen? ____ Yes ____ No. If your firm is not at least 51% owned by a U.S. citizen, stop here. You are not eligible to participate as a DBE under EPA's DBE Certification Program.
2. List all individuals claiming disadvantaged status:

Name of Individual	Other last Names Used	U.S. Citizen Y/N	Place of Birth	Group Membership	Sex M/F
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- a) If you are a naturalized citizen, please provide the following as Attachment A-1, (a) naturalization number; (b) date of citizenship; and (c) county, state and court.

SECTION B

Eligibility Statement - Non Designated Group Members

1. List all individuals claiming disadvantaged status:

Name of Individual	U.S. Citizen Y/N	Race	Sex M/F
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- a) If you are a naturalized citizen, please provide the following as Attachment B-1, (a) naturalization number; (b) date of citizenship; and (c) county, state and court.

For this section, any individual claiming social disadvantage must provide a separate response for questions 3 and 4.

Social Disadvantage

2. I, _____ have personally suffered social disadvantage based on my identification as _____.
(A claim of social disadvantage must include at least one objective feature that has contributed to social disadvantage, such as race, ethnic origin, gender, physical handicap, long-term residence in an environment isolated from the mainstream of American society, or other similar causes not common to individuals who are not socially disadvantaged.)
3. Document how your ability to compete in the free enterprise system has been impaired by such things as inability to obtain adequate bonding, credit or financing; inability to obtain licenses or leases; restriction of your market to certain racial, ethnic or social groups; underemployment or unemployment, etc., as compared to others in the same or similar line of business who are not socially disadvantaged. Provide as Attachment B-2.
4. **Attach a narrative describing how you personally experienced social disadvantage in American society.** When writing your narrative, be as specific and detailed as possible. Where applicable, each statement of alleged discrimination should be supported by documented evidence such as affidavits, denials of loan applications, denials of employment opportunities (including non-selection for particular jobs, denials of promotions, or unequal work environment or treatment), and documents to support any formal action taken by you because of alleged discrimination. You must demonstrate how your identification, as described in the paragraph above, has negatively impacted your entry into or advancement in business. You must address disadvantage in education, employment, and business history, where applicable. Examples of discrimination include, but are not limited to: unequal access to colleges or professional schools; exclusion from professional or business associations; being denied educational honors or recognition; experiencing discriminatory social pressure which discouraged you from pursuing a professional or higher education or forced you into non-professional or non-business fields; discrimination in employment opportunities or pay and fringe benefits; unequal access to business credit or capital; and discrimination in the awarding, bidding process, or negotiating of government or private sector contracts. Provide as Attachment B-3.

SECTION C (All applicant firms must complete)

Economic Disadvantage

1. Is the net worth of each individual(s) claiming disadvantaged status less than \$750,000, excluding ownership interest in the applicant corporation and equity in the individual(s) primary residence? ____ Yes ____ No.
2. For individual(s) claiming disadvantaged status, list your personal net worth, excluding the ownership interest in the applicant corporation and the equity in the individual(s) primary residence.

Name	Average 2-year Income	Personal Net Worth	Total Assets
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Have any individual(s) listed in number 2 above transferred any assets within two years, in full or in part, to a spouse or any other person or entity, including a trust? ☐ Yes ☐ No. If yes, provide the following information as Attachment C-1: the date of transfer; to whom the assets were transferred; amount paid for the assets; and the market value of the assets at the time of transfer. Individual(s) may exclude assets transferred to an immediate family member that are consistent with the customary recognition of special occasions, such as birthdays, graduations, anniversaries and retirements. Individual(s) may also exclude any transfers to an immediate family member if for educational, medical or essential support purposes.
4. Each individual listed in number 2 above, certifies that because of racial and/or ethnic prejudice, and/or cultural bias, his/her 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 that are not socially disadvantaged.

SECTION D (All applicant firms must complete)

Ownership

1. If more than one class of stock, provide information for each class:

	Voting	Non Voting	Total
a) Total number of shares authorized:	_____	_____	_____
b) Total number of shares currently outstanding:	_____	_____	_____

2. List all individuals, entities, and/or trusts, which have an ownership interest in the applicant firm.

Name	Title	Voting	Ownership Non-Voting	Percentage Total
_____	_____	_____	_____	_____

3. Do disadvantaged individuals receive at least 51% of the annual distributions of dividends paid on the stock of a corporate applicant firm? ☐ Yes ☐ No. If no, please explain and provide as Attachment D-1.
4. Do disadvantaged individuals own 51% or more of each class of voting stock outstanding and 51% of the aggregate of all stock outstanding? ☐ Yes ☐ No.

5. Will disadvantaged individuals receive 100% of the unencumbered value of each share of stock owned in the event that the stock is sold? ___ Yes ___ No. If no, please explain and provide as Attachment D-2.
6. If the corporation dissolves, will disadvantaged individuals receive at least 51% of the retained earnings and 100% of the unencumbered value of each share of stock he or she owns? ___ Yes ___ No. If no, please explain and provide as Attachment D-3.
7. Is ownership by any individual claiming disadvantaged status subject to conditions precedent, conditions subsequent, executory agreements, voting trusts, shareholder agreements or other similar arrangements, which may impact the unconditional ownership of such individuals? ___ Yes ___ No. If yes, explain as Attachment D-4.
8. Have there been any changes in ownership in the last year? ___ Yes ___ No. If yes, did the change in ownership affect the disadvantaged status of your firm? Please explain as Attachment D-5.

For community property residents only. If you are a married disadvantaged owner, and your spouse is not disadvantaged, please complete the chart below, and provide evidence that you have a majority interest in the business.

Name of Disadvantaged Owner	State of Residence	Percent Transferred
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION E

(All applicant firms must complete)

Control

1. Disadvantaged individuals control the board of directors by virtue of the fact that **(select only one below)**:
 - ___ a) A single disadvantaged individual owns 100% of all the **voting** stock of the applicant business.
 - ___ b) A single disadvantaged individual owns at least 51% of all **voting** stock, is on the Board of Directors, and no super majority voting requirements exist for shareholders to approve corporate actions.
 - ___ c) A single disadvantaged individual owns at least 51% of all **voting** stock, is on the Board of Directors, and owns at least the percentage of voting stock needed to overcome the super majority voting requirements which exist for shareholders to approve corporate actions.
 - ___ d) More than one disadvantaged individual owns at least 51% of all **voting** stock, all such individuals serve on the Board of Directors, no super majority voting requirements exist for shareholders to approve corporation actions, and the disadvantaged

shareholders can demonstrate they have made enforceable arrangements to permit one of them to vote the stock of all as a block without holding a shareholder meeting.

____ e) More than one disadvantaged individual owns at least 51% of all **voting** stock, all such individuals serve on the Board of Directors, in total all own at least the percentage of voting stock needed to overcome the existing super majority voting requirements which exist for shareholders to approve corporate actions, and the disadvantaged individuals can demonstrate they have made enforceable arrangements to permit one of them to vote the stock of all as a block without holding a shareholder meeting.

OR

____ f) The disadvantaged individual(s) control the Board of Directors through actual numbers of voting directors.

____ g) The disadvantaged individual(s) control the Board of Directors through weighted voting and such voting is permitted by applicable state law.

2. List the titles of all officers, directors, and key managers and the hours devoted by such individuals to the management of the applicant business.

Name	Title	Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Is the CEO, President or any disadvantaged full-time manager engaged in or planning to engage in outside employment? ____ Yes ____ No. If yes, provide details as to the extent of outside employment or other business dealings including daily hours of employment, location and explanation as to how this outside employment does not conflict with the ability to manage and control the daily operations of the applicant concern, provide as Attachment E-1.
4. Have any of the nondisadvantaged individuals involved in the management of the applicant firm, and/or stockholders, officers, directors or their immediate family members, had a prior business relationship with any individual claiming disadvantaged status? This includes such relationships as employer-employee, supervisor-employee, co-workers, investor-employee, etc. ____ Yes ____ No. If yes, identify the person(s) and the type of business relationship, provide as Attachment E-2.
5. Does any nondisadvantaged individual receive compensation in any form, including dividends, as a director, officer, or employee that exceeds the compensation received by the disadvantaged President or CEO? ____ Yes ____ No. If yes, provide the total compensation received by the President or CEO, and the name(s) and the amount of the total compensation paid to the nondisadvantaged individual(s). If any nondisadvantaged individual is more highly compensated, provide a statement that justifies the need for the nondisadvantaged individual(s) to receive a higher compensation, provide as Attachment E-3.
6. Does the applicant firm operate in an industry that requires bonding or professional licenses? ____ Yes ____ No. If yes, identify the qualifying individual(s) for the critical licenses, general indemnity agreement, permits, certifications, and bonding required to operate the applicant firm, provide as Attachment E-4.

7. List the names and titles of all individuals who have access to the firm's bank account.

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8. Do any individual, (other than the individual(s) claiming disadvantaged status) or entities provide:

- | | | |
|---|---------|--------|
| a) Financial support to the applicant firm | ___ Yes | ___ No |
| b) Subcontracts, Joint Ventures or Teaming Arrangements | ___ Yes | ___ No |
| c) Office space (rent or leased) | ___ Yes | ___ No |
| d) Equipment (rent or leased) | ___ Yes | ___ No |
| e) Employees (other than from employment agencies) | ___ Yes | ___ No |

If you answered yes to any of the above, please provide specific details (i.e., names, titles, copies of agreements, leases, etc.) of such arrangements, provide as Attachment E-5.

Each person signing below:

1. Certifies that the information provided with regard to my social and economic disadvantaged status is true, accurate and complete to the best of my knowledge and belief.
2. Certifies that the information provided with regard to my ownership and control status is true, accurate and complete to the best of my knowledge and belief.
3. Certifies that the information provided with regard to my status as a United States citizen is true, accurate and complete to the best of my knowledge and belief.
4. Certifies that the information provided with regard to my individual disadvantaged status is true, accurate and complete to the best of my knowledge and belief.
5. Certifies that the information provided, including that shown on documents accompanying this application, is true, accurate and complete to the best of my knowledge and belief.
6. Acknowledges that EPA, at its discretion, may give the information submitted to Federal, state and local agencies to determine violations of law.
7. Acknowledges that EPA's approval of an application does not affect the Government's right to pursue criminal prosecution for incorrect or incomplete information given on the application form, even if correct information has been included in other materials submitted to EPA.

Name	SSN	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The public reporting and recordkeeping burden for this collection of information is estimated to average three (3) hours. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed DBE Certification Form to this address.