



Environmental Protection Agency

OMB Control No: _____
Approved: _____
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 Sole Proprietorships

Business Profile:

Name of applicant firm: _____

Name of Sole Proprietor and Title: _____

SSN of Sole Proprietor: _____ 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.

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

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

Are you certified as a DBE by a Department of Transportation recipient? ☐ Yes ☐ No. If yes, provide State(s) and ID number(s) _____

Are you certified by a State government, local government, Indian tribal government, or independent private organization? ☐ Yes ☐ No. If yes, provide ID number and a contact point at the certifying entity _____

Have you 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. As the proprietor claiming disadvantaged status, complete the following:

Name of Individual	Other Last Names Used	Citizen Y/N	Place of Birth	Group Membership	Sex
_____	_____	_____	_____	_____	_____

If you are not a U.S. citizen, stop here. You are not eligible to participate as a DBE under EPA's DBE Certification Program.

- 1a. If you are a naturalized United States 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. As the proprietor claiming disadvantaged status, complete the following:

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

- 1a. 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 your net worth less than \$750,000, excluding your ownership interest in the applicant firm and your equity in your primary residence? ____ Yes ____ No.
2. As the individual claiming disadvantaged status, list your personal net worth, excluding the ownership interest in the applicant firm and the equity in the primary residence.

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

3. I, _____, certify that because of racial and/or ethnic prejudice, and/or cultural bias, 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 that are not socially disadvantaged.

SECTION D
(All applicant firms must complete)

Ownership

1. Have you, the individual claiming disadvantaged status, 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 D-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. Individuals 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. Individuals may also exclude any transfers to an immediate family member if for educational, medical or essential support purposes.

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	Percent Transferred
_____	_____	_____

2. Have there been any changes in ownership in the last year? ☐ Yes ☐ No. If yes, did ownership affect the disadvantaged status of your firm? Please explain as Attachment D-2.

SECTION E
(All applicant firms must complete)

Control

1. Does any individual other than the Sole Proprietor manage or conduct daily business operations of the applicant concern? If yes, provide name, title and dates.

Name/Title	Date
_____	_____
_____	_____

2. Are you engaged in or plan to engage in outside employment? ☐ Yes ☐ No. If yes, explain as Attachment E-1.

3. If the answer to question 2 is yes, have any of the nondisadvantaged individuals involved in the management of the applicant firm, or their immediate family members, had a prior business relationship with you? This includes such relationships as employer-employee, supervisor-employee, co-workers, investor-employee, etc. ☐ Yes ☐ No ☐ N/A. If yes, identify the person(s) and the type of business relationship as Attachment E-2.

4. List the total compensation from the applicant firm of all owners and/or key managers of the firm. (If necessary, provide additional information as Attachment E-3).

Name/Title	Compensation from applicant firm (Include salaries, bonuses, etc.)
_____	_____
_____	_____

5. Does the applicant firm operate in an industry which 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 on Attachment E-4.

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

Name	Title
_____	_____
_____	_____

7. Does any individual(s), (other than the Sole Proprietor) or entities provide:

- | | |
|--|--|
| a) Financial support to the applicant firm? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Subcontracts, Joint Ventures or Teaming Arrangements? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Office space (rent or leased). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Equipment (rent or leased). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Employees (other than from employment agencies). | <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 for determining 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 record keeping 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 EPA DBE Certification Form to this address.