



# South Dakota Department of Transportation

South Dakota Unified Certification Program

Disadvantaged Business Enterprise

Date:

## DBE Information Form

**New DBE/ ACDBE Interstate Applicant**

**DBE/ACBE Renewal**

Gross Receipts Required

1) Legal name of firm:

2) Owners Name:

3) Physical Address:

Street

City

State

Zip Code

4) Mailing Address:

*(if different from above)*

Street

City

State

Zip Code

5) Business Phone Number:

Fax Number:

6) Email Address:

7) Firms Website *(If applicable)*:

8) Firms JOC Anniversary Date:

*JOC (Jurisdiction of Original Certification)*

9) Gross Receipts for Previous Year *(Renewals only)*:

Tax Year:

*NOTE: If Gross Receipts for previous year are unavailable, please provide most recent year.*

## INSTRUCTIONS

### Required Documentation:

#### A. New Interstate Applicants

1. Declaration of Eligibility (DOE) Form (**All Fields**) (page 3)

#### B. DBE/ACDBE Renewals

1. Declaration of Eligibility (DOE) Form (**All Fields**) (page 3)
2. Documentation showing firms **Gross Receipts** (e.g. firms most current federal tax return)

**[Please attach Gross Receipts documentation to the email if submitting electronically]**

### Optional Documentation:

- DBE Information Form (page 1 & 2)

### **Submitting your Documents: US Mail or Electronically**

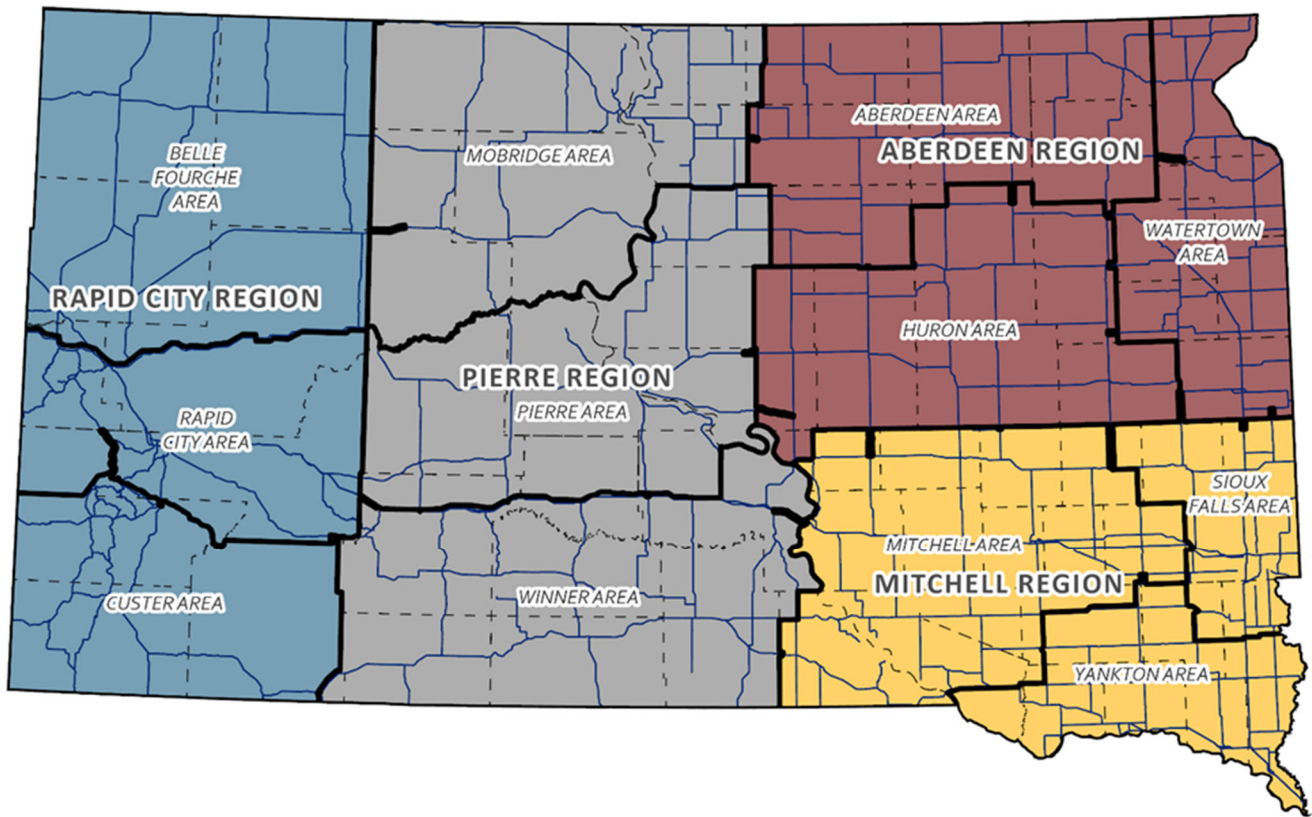
#### **US Mail:**

DBE Program  
South Dakota Department of Transportation  
700 E. Broadway Ave.  
Pierre, SD 57501-2586

**Electronically:** [Kyle.watkins@state.sd.us](mailto:Kyle.watkins@state.sd.us)

**(To Sign and Submit DOE form electronically, download form before completing.)**

# Work Areas in South Dakota



**Geographical areas you are willing to work in South Dakota:** *(Check all that apply)*

- |                 |                      |                      |
|-----------------|----------------------|----------------------|
| Statewide       | Eastern South Dakota | Western South Dakota |
| Aberdeen Region | Mitchell Region      | Pierre Region        |
|                 |                      | Rapid City Region    |

**Additional work area information** *(ex. Specified distance from a city or town, certain city or town, DOT Area indicated on map above)*



**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)**

***Declaration of Eligibility MUST be signed and dated before submitting***

**See page 1 to download and submit form**