

**RETURN AFFIDAVIT TO:**  
 MINORITY BUSINESS ENTERPRISE OFFICE  
 MARYLAND DEPARTMENT OF TRANSPORTATION  
 P.O. BOX 8755  
 BALTIMORE - WASHINGTON INT'L AIRPORT  
 MARYLAND 21240-0755  
 410-865-1269  
 1-800-544-6056



**Maryland Department of Transportation**

Complete all items, if an item does not apply, mark "N.A."

Use separate sheet(s) for additional information.

**MARYLAND DEPARTMENT OF TRANSPORTATION  
 MINORITY BUSINESS ENTERPRISE DISCLOSURE AFFIDAVIT**  
 (Corporation or Partnership)

Application is hereby made by the organization identified below for certification as a Minority Business Enterprise under the MBE Program of the Maryland Department of Transportation pursuant to Title 14, Subtitle 3 of the State Finance and Procurement Article of the Annotated Code of Maryland and 49 Code of Federal Regulations Part 23.

1. NAME AND ADDRESS (Company Name - Street Address - City - State - Zip Code)	2. CONTROLLING INTEREST (X appropriate box) <input type="checkbox"/> African American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/> Native American <input type="checkbox"/> *Non-Profit <input type="checkbox"/> Female <input type="checkbox"/> *Disabled * Not accorded minority status on Federally funded projects.	CITIZENSHIP <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien
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3. CONTACT PERSON (Name - Title - Telephone - Fax)	4. OWNER (Name - Title - Telephone - Fax)
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5. LIST THE NAMES OF THE OFFICERS OF THE COMPANY	MINORITY		DATE ELECTED / APPOINTED
	YES	NO	
PRESIDENT			
VICE PRESIDENT			
SECRETARY			
TREASURER			
OTHER			

6. NAMES OF CURRENT BOARD OF DIRECTORS	MINORITY YES NO	DATE ELECTED	HOME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)

7. NAME OF BOARD OF DIRECTORS IMMEDIATELY PRIOR TO CURRENT BOARD	MINORITY YES NO	DATE ELECTED	HOME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)

8. LIST PRODUCT OR SERVICE OFFERED, BE SPECIFIC: (IF KNOWN, LIST STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE NUMBER FOR EACH ITEM LISTED.)


9. TYPE OF OWNERSHIP? IF NOT A MARYLAND CORPORATION, SUBMIT COPY OF REGISTRATION IN MARYLAND AS A FOREIGN CORPORATION. (CHECK ONE)  <input type="checkbox"/> Corporation: Date Incorporated _____ State _____  <input type="checkbox"/> Partnership Date of Agreement _____	10. DOES YOUR COMPANY OWN MAJOR EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO List on a separate sheet, by type and quantity, major equipment owned. <b>DO NOT LIST RENTAL OR LEASED EQUIPMENT.</b> Is the equipment listed in your possession? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>FORM D-EEO-001A (April-1997)</b> <b>A material misstatement of fact is sufficient cause for denial of certification. The affiant is subject to penalties for perjury and false statements made in the affidavit.</b>
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<p>11. LIST NUMBER OF EMPLOYEES ON PAYROLL (DO NOT LIST EMPLOYEES TWICE)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:25%; text-align: center;">FULL-TIME</td> <td style="width:25%; text-align: center;">PART-TIME</td> </tr> <tr> <td>ADMINISTRATIVE</td> <td style="text-align: center;">[ ]</td> <td style="text-align: center;">[ ]</td> </tr> <tr> <td>CLERICAL</td> <td style="text-align: center;">[ ]</td> <td style="text-align: center;">[ ]</td> </tr> <tr> <td>SUPERVISORY</td> <td style="text-align: center;">[ ]</td> <td style="text-align: center;">[ ]</td> </tr> <tr> <td>EQUIPMENT OPERATOR</td> <td style="text-align: center;">[ ]</td> <td style="text-align: center;">[ ]</td> </tr> <tr> <td>SKILLED LABORER</td> <td style="text-align: center;">[ ]</td> <td style="text-align: center;">[ ]</td> </tr> <tr> <td>UNSKILLED LABORER</td> <td style="text-align: center;">[ ]</td> <td style="text-align: center;">[ ]</td> </tr> </table> <p>ARE EMPLOYEE PAYROLL REPORTS BEING FILED WITH:  <input type="checkbox"/> STATE AGENCIES      <input type="checkbox"/> FEDERAL AGENCIES  PLEASE SUBMIT THE LAST FOUR (4) QUARTERLY REPORTS.</p>		FULL-TIME	PART-TIME	ADMINISTRATIVE	[ ]	[ ]	CLERICAL	[ ]	[ ]	SUPERVISORY	[ ]	[ ]	EQUIPMENT OPERATOR	[ ]	[ ]	SKILLED LABORER	[ ]	[ ]	UNSKILLED LABORER	[ ]	[ ]	<p>12. FEDERAL IDENTIFICATION NUMBER _____  SOCIAL SECURITY NUMBER _____  MD EMPLOYER NUMBER _____</p> <p>13. HAVE YOU PREVIOUSLY APPLIED FOR OR BEEN MDOT:  <input type="checkbox"/> CERTIFIED      <input type="checkbox"/> DENIED      (PLEASE CHECK)</p> <p>TO APPLY FOR MDOT CERTIFICATION, YOU MUST BE CERTIFIED IN YOUR HOME STATE. PLEASE SUBMIT A COPY OF YOUR HOME STATE CERTIFICATION LETTER AND ON-SITE REPORT.</p>
	FULL-TIME	PART-TIME																				
ADMINISTRATIVE	[ ]	[ ]																				
CLERICAL	[ ]	[ ]																				
SUPERVISORY	[ ]	[ ]																				
EQUIPMENT OPERATOR	[ ]	[ ]																				
SKILLED LABORER	[ ]	[ ]																				
UNSKILLED LABORER	[ ]	[ ]																				

<p>14. WHO DETERMINES WHAT JOBS THE COMPANY WILL UNDERTAKE? (NAME AND TITLE)</p>	<p>15. WHO WILL BE RESPONSIBLE FOR ON-SITE PROJECT SUPERVISION? (NAME AND TITLE)</p>
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16. SHAREHOLDERS NAME	MINORITY YES	MINORITY NO	CLASS COMMON OR PREFERRED	NUMBER OF SHARES	VOTING PERCENTAGE	TOTAL COST	DATE OF OWNERSHIP

TOTAL NUMBER OF SHARES: _____ ISSUED _____ OUTSTANDING	IS THIS A HOLDING OR SUBSIDIARY COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOUR FIRM IS OWNED IN FULL OR IN PART BY ANOTHER COMPANY, LIST ON A SEPARATE SHEET THE COMPANY'S SHAREHOLDERS TO INCLUDE PERCENTAGE OF OWNERSHIP INTEREST, AND THE NAMES AND ADDRESSES OF DIRECTORS AND OFFICERS. IF MINORITIES, SO INDICATE.
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17. LIST THE 3 LARGEST PROJECTS IN DOLLAR AMOUNTS COMPLETED BY YOUR BUSINESS DURING THE LAST THREE YEARS.

(1) A. PRIME CONTRACTOR (NAME / ADDRESS / TELEPHONE):

B. PROJECT IDENTIFICATION:

C. TOTAL DOLLAR AMOUNT OF MBE PORTION OF THIS PROJECT:  
YOUR SHARE OF THE MBE PORTION:

D. TYPE OF WORK PERFORMED (USE SIC CODES, IF KNOWN):

(2) A. PRIME CONTRACTOR (NAME / ADDRESS / TELEPHONE):

B. PROJECT IDENTIFICATION:

C. TOTAL DOLLAR AMOUNT OF MBE PORTION OF THIS PROJECT:  
YOUR SHARE OF THE MBE PORTION:

D. TYPE OF WORK PERFORMED (USE SIC CODES, IF KNOWN):

(3) A. PRIME CONTRACTOR (NAME / ADDRESS / TELEPHONE):

B. PROJECT IDENTIFICATION:

C. TOTAL DOLLAR AMOUNT OF MBE PORTION OF THIS PROJECT:  
YOUR SHARE OF THE MBE PORTION:

D. TYPE OF WORK PERFORMED (USE SIC CODES, IF KNOWN):

<p>18. LIST ALL SOURCES AND AMOUNTS OF MONEY LOANED TO THE CORPORATION</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">SOURCE</th> <th style="width:40%;">AMOUNT</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	SOURCE	AMOUNT									<p>20. HAS YOUR FIRM BEEN APPROVED BY THE FEDERAL SMALL BUSINESS ADMINISTRATION 8(a) PROGRAM?</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>IF YES, FURNISH A COPY OF APPROVAL LETTER</p>
SOURCE	AMOUNT										
<p>19. IDENTIFY YOUR CURRENT BONDING COMPANY AND BANK(S).</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">BONDING COMPANY</th> <th style="width:50%;">BANK AND ACCOUNT NUMBERS</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	BONDING COMPANY	BANK AND ACCOUNT NUMBERS									<p>21. NAME, ADDRESS AND TELEPHONE NUMBER OF CPA OR ACCOUNTANT</p> <p>(    )</p>
BONDING COMPANY	BANK AND ACCOUNT NUMBERS										
<p>22. NAME, ADDRESS AND TELEPHONE NUMBER OF ATTORNEY</p> <p>(    )</p>											

23. WERE YOU ISSUED A PERFORMANCE BOND?

YES       NO      IF YES, HOW MUCH? \_\_\_\_\_

24. WHO NEGOTIATES AND SIGNS FOR SURETY BONDS AND WHO SIGNS FOR INSURANCE AND PAYROLL?		
	NAME	TITLE
A. SURETY AND / OR PERFORMANCE BONDS		
B. INSURANCE		
C. PAYROLL		

25. ALL ORAL AND TACIT AGREEMENTS SHALL BE REDUCED TO WRITING AND SUBMITTED WITH THIS AFFIDAVIT. IF THERE ARE NO WRITTEN, ORAL OR TACIT AGREEMENTS CONCERNING THE OPERATION OF THE COMPANY, PLEASE AFFIRM BY SIGNING BELOW.

"THERE ARE NO WRITTEN, ORAL OR TACIT AGREEMENTS CONCERNING THE OPERATION OF THE COMPANY BETWEEN ANY PERSONS ASSOCIATED WITH THE COMPANY."

\_\_\_\_\_

SIGNATURE OF APPLICANT

**FREEDOM OF INFORMATION:** THE RELEASE OF STATE DOCUMENTS IS GOVERNED BY THE APPROPRIATE FEDERAL AND STATE REGULATIONS.

**FRAUD**

**A PERSON MAY NOT:** FRAUDULENTLY OBTAIN, RETAIN, ATTEMPT TO OBTAIN OR RETAIN, OR AID ANOTHER IN FRAUDULENTLY OBTAINING OR RETAINING OR ATTEMPTING TO OBTAIN OR RETAIN CERTIFICATION AS A MINORITY BUSINESS ENTERPRISE FOR THE PURPOSE OF THIS SUBTITLE;

WILLFULLY MAKE A FALSE STATEMENT, WHETHER BY AFFIDAVIT, REPORT, OR OTHER REPRESENTATION, TO A STATE OFFICIAL OR EMPLOYEE FOR THE PURPOSE OF INFLUENCING THE CERTIFICATION OR DENIAL OF CERTIFICATION OF ANY ENTITY AS A MINORITY BUSINESS ENTERPRISE;

FRAUDULENTLY OBTAIN, ATTEMPT TO OBTAIN, OR AID ANOTHER PERSON IN FRAUDULENTLY OBTAINING OR ATTEMPTING TO OBTAIN, PUBLIC MONIES TO WHICH THE PERSON IS NOT ENTITLED UNDER THIS SUBTITLE.

ANY PERSON WHO VIOLATES THE PROVISIONS OF THIS SUBSECTION IS GUILTY OF A FELONY AND UPON CONVICTION IS SUBJECT TO IMPRISONMENT FOR A PERIOD OF NOT MORE THAN 5 YEARS, OR FINE OF NOT MORE THAN \$10,000.00 OR BOTH.

A PERSON MAY NOT WILLFULLY MAKE FALSE STATEMENTS THAT ANY ENTITY IS OR IS NOT CERTIFIED AS A MINORITY BUSINESS ENTERPRISE FOR PURPOSES OF THIS SUBTITLE. ANY PERSON WHO VIOLATES THE PROVISIONS OF THIS SUBSECTION IS GUILTY OF A MISDEMEANOR AND UPON CONVICTION IS SUBJECT TO IMPRISONMENT FOR A PERIOD OF NOT MORE THAN 6 MONTHS, OR A FINE OF NOT MORE THAN \$500.00 OR BOTH. (TITLE 14, SECTION 14-308 OF THE STATE FINANCE AND PROCUREMENT ARTICLE OF THE ANNOTATED CODE OF MARYLAND)

I HAVE READ THE FRAUD STATUTE

\_\_\_\_\_

SIGNATURE OF APPLICANT

**FORM D-EEO-001C (APRIL - 1997)**  
A material misstatement of fact is sufficient cause for denial of certification.  
The affiant is subject to penalties for perjury and false statements made in the affidavit.

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED: (AND ANY AMENDMENTS THERE TO) PLEASE CHECK EACH ITEM SUBMITTED/INCLUDED.

**FOR A CORPORATION:**

- \_\_\_ A. DISCLOSURE AFFIDAVIT (NOTARIZED)
- \_\_\_ B. CURRENT FINANCIAL STATEMENT (NO OLDER THAN ONE YEAR)
- \_\_\_ C. COMPLETE FEDERAL TAX RETURNS FOR THE MOST CURRENT THREE YEARS (INCLUDING ALL SCHEDULES)
- \_\_\_ D. CERTIFICATE OF INCORPORATION
- \_\_\_ E. ARTICLES OF INCORPORATION
- \_\_\_ F. MINUTES OF FIRST AND MOST RECENT ORGANIZATIONAL MEETING
- \_\_\_ G. CORPORATE BY-LAWS
- \_\_\_ H. COPY OF **EACH** STOCK CERTIFICATE ISSUED **AND** STOCK LEDGER
- \_\_\_ I. PROOF OF STOCK OWNERSHIP i.e., CANCELLED CHECKS ALONG WITH APPLICABLE DEPOSIT SLIPS, OR IF THE FIRM HAS BEEN IN BUSINESS FOR MORE THAN FIVE YEARS, A WRITTEN **NOTARIZED** STATEMENT DESCRIBING HOW THE STOCK WAS ISSUED AND FOR WHAT CONSIDERATION. IF OTHER THAN MONETARY (YOU MUST INCLUDE THE NUMBER OF HOURS WORKED, PLACE A MONETARY VALUE ON THOSE HOURS. BE SPECIFIC REGARDING TYPE OF WORK PERFORMED).
- \_\_\_ J. AGREEMENTS, SUCH AS RENTAL, FINANCIAL (WITH PROOF OF REPAYMENT), LEASE OR ANY OTHER TYPE OF FORMAL WRITTEN AGREEMENTS WHICH HAVE BEEN ENTERED INTO BETWEEN YOU AND ANOTHER PARTY OR PARTIES WHICH AFFECT THE OPERATION OF YOUR BUSINESS
- \_\_\_ K. LICENSE TO DO BUSINESS, IF APPLICABLE (PROFESSIONAL, IF REQUIRED)
- \_\_\_ L. PROOF OF MINORITY STATUS FOR ALL KEY PERSONNEL (e.g., COPY OF BIRTH CERTIFICATE, DRIVERS LICENSE, PASSPORT, CERTIFICATE OF NATURALIZATION)
- \_\_\_ M. BUSINESS PLAN (IF IN BUSINESS LESS THAN ONE YEAR)
- \_\_\_ N. TITLES, REGISTRATION AND **CURRENT** INSURANCE CARRIERS AND POLICY NUMBERS FOR **ALL** VEHICLES OWNED BY THE COMPANY
- \_\_\_ O. COPIES OF EACH MBE CERTIFICATION OR DENIAL OF CERTIFICATION BY OTHER AGENCIES OR JURISDICTIONS, IF APPLICABLE. **IF NOT A MARYLAND BUSINESS, COPIES OF YOUR HOME STATE CERTIFICATION LETTER AND ON-SITE REPORT MUST ACCOMPANY YOUR REQUEST FOR MARYLAND CERTIFICATION**
- \_\_\_ P. RESUMES ON ALL KEY PERSONNEL (OFFICERS, DIRECTORS, SHAREHOLDERS) SHOWING EDUCATION, TRAINING AND EMPLOYMENT WITH DATES
- \_\_\_ Q. YOUR FEDERAL ID NUMBER, YOUR SOCIAL SECURITY NUMBER:
- \_\_\_ R. FURNISH COPIES OF AGREEMENTS RELATING TO:
  - STOCK OPTIONS
  - STOCKHOLDER AGREEMENTS
  - RESTRICTION ON THE DISPOSAL OF STOCK LOAN AGREEMENTS
  - STOCKHOLDER VOTING RIGHTS
  - OWNERSHIP OF VOTING SECURITIES
  - FACTS PERTAINING TO VALUE OF SHARES
- \_\_\_ S. GENERAL BUSINESS INSURANCE INFORMATION
- \_\_\_ T. LIST MAJOR EQUIPMENT OWNED BY TYPE AND QUANTITY

**FOR A PARTNERSHIP:**

- \_\_\_ A. DISCLOSURE AFFIDAVIT (NOTARIZED)
- \_\_\_ B. PROOF OF CAPITAL INVESTED, i.e., CANCELLED CHECKS ALONG WITH APPLICABLE DEPOSIT SLIPS OR IF THE FIRM HAS BEEN IN BUSINESS FOR MORE THAN FIVE (5) YEARS A WRITTEN NOTARIZED STATEMENT DESCRIBING HOW THE BUSINESS WAS CAPITALIZED
- \_\_\_ C. CURRENT FINANCIAL STATEMENT (NO OLDER THAN ONE YEAR)
- \_\_\_ D. COMPLETE FEDERAL TAX RETURNS FOR THE MOST CURRENT THREE YEARS (INCLUDING ALL SCHEDULES)
- \_\_\_ E. AGREEMENTS, SUCH AS RENTAL FINANCIAL (WITH PROOF OF REPAYMENT), LEASE OR ANY OTHER TYPE OF FORMAL WRITTEN AGREEMENTS WHICH HAVE BEEN ENTERED INTO BETWEEN YOU AND ANOTHER PARTY OR PARTIES WHICH AFFECT THE OPERATION OF YOUR BUSINESS

**FOR A PARTNERSHIP (CONT.):**

- \_\_\_ F. LICENSE TO DO BUSINESS, IF APPLICABLE (PROFESSIONAL, IF REQUIRED)
- \_\_\_ G. PROOF OF MINORITY STATUS (e.g., COPY OF BIRTH CERTIFICATE, DRIVERS LICENSE, PASSPORT, CERTIFICATE OF NATURALIZATION)
- \_\_\_ H. BUSINESS PLAN (IF IN BUSINESS LESS THAN ONE YEAR)
- \_\_\_ I. TITLES, REGISTRATION AND **CURRENT** INSURANCE CARRIERS AND POLICY NUMBERS FOR **ALL** VEHICLES OWNED BY THE COMPANY
- \_\_\_ J. COPIES OF EACH MBE CERTIFICATION OR DENIAL OF CERTIFICATION BY OTHER AGENCIES OR JURISDICTIONS, IF APPLICABLE. IF NOT A MARYLAND BUSINESS, COPIES OF YOUR LETTER OF HOME STATE CERTIFICATION AND ON-SITE REPORT MUST ACCOMPANY YOUR REQUEST FOR MARYLAND CERTIFICATION
- \_\_\_ K. RESUMES ON **ALL** KEY PERSONNEL (OFFICERS, PARTNERS) SHOWING EDUCATION, TRAINING AND EMPLOYMENT WITH DATES
- \_\_\_ L. PARTNERSHIP AGREEMENT INCLUDING BUY-OUT RIGHTS AND PROFIT SHARING AGREEMENTS
- \_\_\_ M. YOUR FEDERAL ID NUMBERS, YOUR SOCIAL SECURITY NUMBERS
- \_\_\_ N. GENERAL BUSINESS INSURANCE INFORMATION
- \_\_\_ O. LIST OF MAJOR EQUIPMENT OWNED BY TYPE AND QUANTITY
- \_\_\_ P. QUARTERLY REPORTS FOR THE LAST FOUR (4) QUARTERS

**FOR A LIMITED LIABILITY CORPORATION (LLC)**

- \_\_\_ A. DISCLOSURE AFFIDAVIT (NOTARIZED)
- \_\_\_ B. ARTICLES OF ORGANIZATION (MUST STATE THE NAME AND ADDRESS OF THE PRINCIPAL OFFICE OF THE COMPANY, AS WELL AS THE PURPOSE FOR WHICH THE COMPANY IS FORMED. THE ARTICLES MUST ALSO STATE THE LATEST DATE ON WHICH THE COMPANY IS TO DISSOLVE).
- \_\_\_ C. OPERATING AGREEMENT (DETAILING THE MANNER IN WHICH THE BUSINESS AND AFFAIRS OF THE COMPANY WILL BE MANAGED AND THE MANNER IN WHICH THE MEMBERS WILL SHARE IN THE ASSETS AND EARNINGS).
- \_\_\_ D. CURRENT FINANCIAL STATEMENT (NO OLDER THAN ONE YEAR)
- \_\_\_ E. COMPLETE FEDERAL TAX RETURNS FOR THE MOST CURRENT THREE YEARS (INCLUDING ALL SCHEDULES)
- \_\_\_ F. AGREEMENTS, SUCH AS FINANCIAL (WITH PROOF OF REPAYMENT), RENTAL, OR LEASE OR ANY OTHER TYPE OF FORMAL WRITTEN AGREEMENTS
- \_\_\_ G. LICENSE TO DO BUSINESS, IF APPLICABLE (PROFESSIONAL , IF REQUIRED)
- \_\_\_ H. PROOF OF MINORITY STATUS, FOR ALL "KEY" PERSONNEL (e.g., COPY OF BIRTH CERTIFICATE, DRIVERS LICENSE, PASSPORT, CERTIFICATE OF NATURALIZATION)
- \_\_\_ I. BUSINESS PLAN (IF IN BUSINESS LESS THAN ONE YEAR)
- \_\_\_ J. COPIES OF EACH MBE CERTIFICATION OR DENIAL OF CERTIFICATION BY OTHER AGENCIES OR JURISDICTIONS, IF APPLICABLE. IF NOT A MARYLAND BUSINESS, COPIES OF YOUR HOME STATE CERTIFICATION LETTER AND ON-SITE REPORT MUST ACCOMPANY YOUR REQUEST FOR MARYLAND CERTIFICATION
- \_\_\_ K. RESUMES ON **ALL** KEY PERSONNEL SHOWING EDUCATION, TRAINING AND EMPLOYMENT WITH DATES (OFFICERS, PARTNERS, OWNERS)
- \_\_\_ L. YOUR FEDERAL ID NUMBER, YOUR SOCIAL SECURITY NUMBER
- \_\_\_ M. GENERAL BUSINESS INSURANCE INFORMATION
- \_\_\_ N. TITLES, REGISTRATION AND **CURRENT** INSURANCE CARRIER AND POLICY NUMBERS FOR **ALL** VEHICLES OWNED BY THE COMPANY
- \_\_\_ O. LIST OF MAJOR EQUIPMENT OWNED BY TYPE AND QUANTITY
- \_\_\_ P. QUARTERLY REPORTS FOR THE LAST FOUR (4) QUARTERS

**FOR RECERTIFICATION**

- \_\_\_ A. CURRENT FINANCIAL STATEMENT (NO OLDER THAN ONE YEAR)
- \_\_\_ B. MOST RECENT FEDERAL TAX RETURN WITH ALL SCHEDULES
- \_\_\_ C. ON A SEPARATE SHEET LIST ALL MARYLAND STATE CONTRACTS AND SUBCONTRACTS AWARDED TO YOUR BUSINESS, IF NONE AWARDED, SO STATE
- \_\_\_ D. LIST OF MAJOR EQUIPMENT OWNED BY TYPE AND QUANTITY
- \_\_\_ E. QUARTERLY REPORTS FOR THE LAST FOUR (4) QUARTERS

THIS DISCLOSURE AFFIDAVIT INCLUDES ALL MATERIAL INFORMATION NECESSARY TO IDENTIFY AND TO EXPLAIN THE OPERATIONS OF (NAME OF BUSINESS):

(HEREINAFTER "APPLICANT") IN ORDER TO DETERMINE IF APPLICANT IS A BONA FIDE MINORITY BUSINESS ENTERPRISE WHICH IS OWNED AND CONTROLLED BY MINORITIES IN ACCORDANCE WITH THE REQUIREMENTS OF THE MARYLAND DEPARTMENT OF TRANSPORTATION MINORITY BUSINESS ENTERPRISE PROGRAM MANUAL. FURTHER, THE UNDERSIGNED DOES COVENANT AND AGREE TO PROVIDE THE MARYLAND DEPARTMENT OF TRANSPORTATION INFORMATION REGARDING ACTUAL WORK PERFORMED ON A MARYLAND DEPARTMENT OF TRANSPORTATION PROJECT, THE PAYMENT THEREFORE, AND ANY PROPOSED CHANGES IN ANY OF THE ARRANGEMENTS HEREINABOVE STATED AND TO PERMIT AN AUDIT, TO INCLUDE INTERVIEW OF PRINCIPALS, EMPLOYEES, AND OFFICERS AND AN EXAMINATION OF THE BOOKS, RECORDS AND FILES, OF THE APPLICANT BY AUTHORIZED REPRESENTATIVES OF THE MARYLAND DEPARTMENT OF TRANSPORTATION OR THE FEDERAL GOVERNMENT PRIOR TO AND AFTER INCLUSION IN THE MARYLAND DEPARTMENT OF TRANSPORTATION MINORITY BUSINESS ENTERPRISE DIRECTORY AS DEEMED NECESSARY.

**I ACKNOWLEDGE AND AGREE THAT REPRESENTATIVES OF THE MARYLAND DEPARTMENT OF TRANSPORTATION SHALL BE PERMITTED TO MAKE INQUIRIES OF CREDIT BUREAUS, BANKS, LENDING INSTITUTIONS, BONDING COMPANIES, VENDORS, SUPPLIERS, INSURANCE COMPANIES, AND PRIOR AND CURRENT CONTRACTORS CONCERNING THE FINANCIAL RESPONSIBILITY OF APPLICANT.**

I ACKNOWLEDGE THAT THIS AFFIDAVIT IS TO BE FURNISHED TO THE SECRETARY OF THE MARYLAND DEPARTMENT OF TRANSPORTATION AND MAY BE DISTRIBUTED TO THE MARYLAND DEPARTMENT OF TRANSPORTATION MINORITY BUSINESS ENTERPRISE ADVISORY COMMITTEE AND MAY ALSO BE DISTRIBUTED TO BOARDS, COMMISSIONS, ADMINISTRATIONS, DEPARTMENTS AND AGENCIES OF: (1) THE STATE OF MARYLAND; AND (2) COUNTIES OR OTHER SUBDIVISIONS OF THE STATE OF MARYLAND; AND (3) OTHER STATES; AND (4) THE FEDERAL GOVERNMENT. I FURTHER ACKNOWLEDGE THAT THIS AFFIDAVIT IS SUBJECT TO APPLICABLE LAWS OF THE UNITED STATES AND THE STATE OF MARYLAND, BOTH CRIMINAL AND CIVIL, AND THAT NOTHING IN THIS AFFIDAVIT SHALL BE CONSTRUED TO SUPERSEDE, AMEND, MODIFY, OR WAIVE, ON BEHALF OF THE MARYLAND DEPARTMENT OF TRANSPORTATION, THE MARYLAND BOARD OF PUBLIC WORKS AND ANY OTHER OFFICE OR AGENCY OF THE STATE OF MARYLAND HAVING JURISDICTION, THE EXERCISE OF ANY STATUTORY RIGHT OR REMEDY CONFERRED BY THE CONSTITUTION AND THE LAWS OF MARYLAND IN RESPECT TO ANY MISREPRESENTATION MADE OR ANY VIOLATION OF THE OBLIGATIONS, TERMS AND COVENANTS UNDERTAKEN BY THE ABOVE FIRM IN RESPECT TO THIS AFFIDAVIT.

**I ACKNOWLEDGE AND AGREE THAT THE APPLICANT WILL BE REQUIRED TO APPEAR FOR INTERVIEW BY THE MARYLAND DEPARTMENT OF TRANSPORTATION MINORITY BUSINESS ENTERPRISE ADVISORY COMMITTEE..**

I ACKNOWLEDGE THAT THE ELIGIBILITY OF THE APPLICANT FOR CERTIFICATION AS A MINORITY BUSINESS ENTERPRISE WILL BE DETERMINED AS OF THE DATE OF THE DISCLOSURE AFFIDAVIT, BASED ON THE INFORMATION AND DOCUMENTATION SUBMITTED HEREWITH, AND ANY CHANGES IN OWNERSHIP OR CONTROL MAY NOT BE CONSIDERED IN DETERMINING ELIGIBILITY.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT, AND THAT I AM AUTHORIZED, ON BEHALF OF THE ABOVE FIRM, TO MAKE THIS AFFIDAVIT.

\_\_\_\_\_  
DATE SIGNATURE OF APPLICANT

STATE OF \_\_\_\_\_  
TITLE

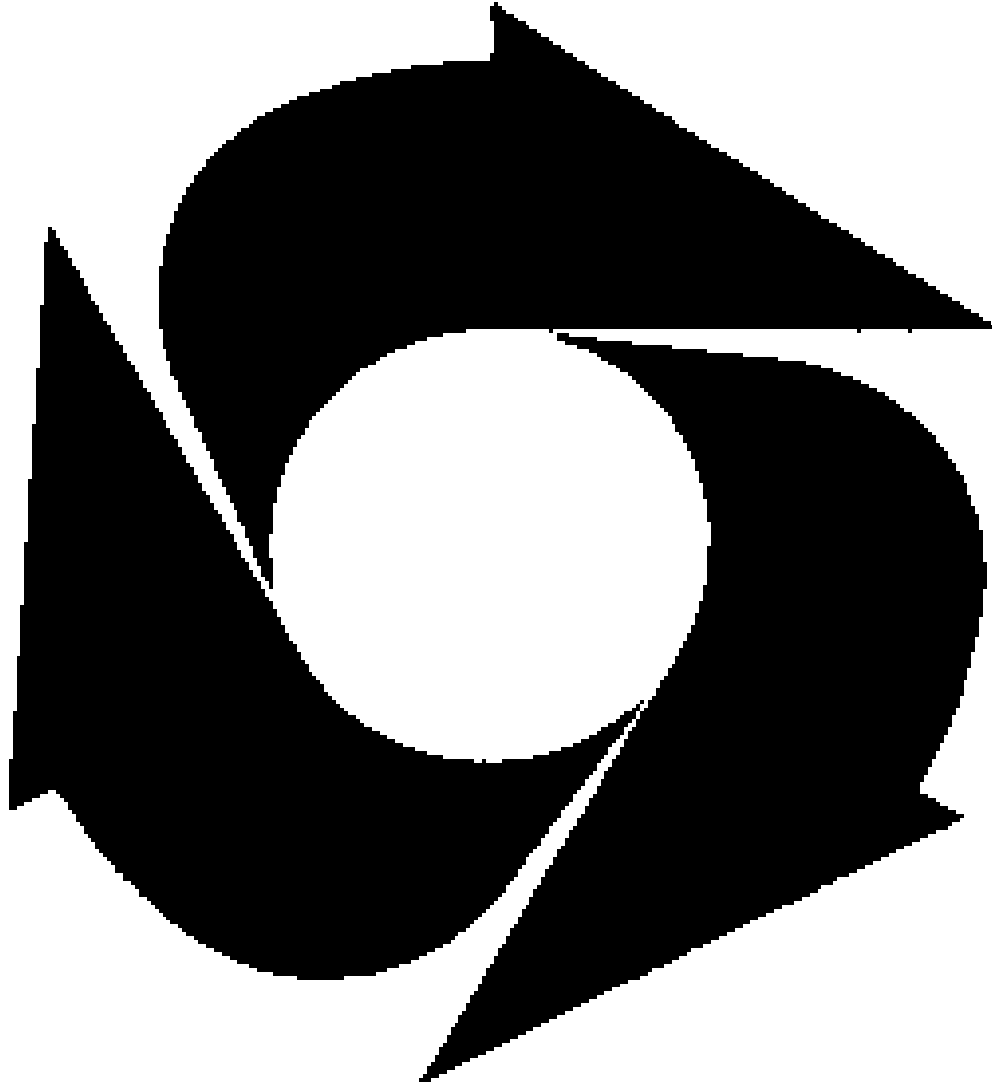
COUNTY (CITY) OF \_\_\_\_\_

ON THE \_\_\_\_\_ DAY, \_\_\_\_\_ MONTH, \_\_\_\_\_ YEAR, BEFORE ME, \_\_\_\_\_

THE UNDERSIGNED OFFICER, PERSONALLY APPEARED \_\_\_\_\_ KNOWN TO ME TO BE THE PERSON DESCRIBED IN THE FOREGOING AFFIDAVIT AND ACKNOWLEDGED THAT HE (SHE) EXECUTED THE SAME IN THE CAPACITY THEREIN STATED AND FOR THE PURPOSES THEREIN CONTAINED AND THAT THE STATEMENTS CONTAINED THEREIN ARE TRUE AND CORRECT.  
**IN WITNESS WHEREOF, I HEREUNTO SET MY HAND AND OFFICIAL SEAL.**

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES \_\_\_\_\_



TTY (410) 865-1342; *Indicate any special needs or alternative format request (interpreter, large print, Braille, etc.) by calling:*

VOICE

(410) 865-1269

1-800-544-6056

TTY

(410) 865-1342

FAX NUMBER

(410) 850-9263

INTERNET

< mbe@clark.net >