

**MICHIGAN UNIFIED CERTIFICATION PROGRAM
DISADVANTAGED BUSINESS ENTERPRISE
INTERSTATE CERTIFICATION DECLARATION OF ELIGIBILITY (DOE)**

Participation in the Disadvantaged Business Enterprise (DBE) certification program with the Michigan Unified Certification Program (MUCP) by firms whose principal place of business is outside of Michigan **must be currently certified in good standing as a DBE in their home state** under the United States Department of Transportation DBE certification program outlined in federal regulations 49 CFR Part 26. A firm's principal place of business is the state in which the individual who manages the firm's day-to-day operations spends the majority of their working hours.

All required documentation listed in the checklist below must be submitted to the MUCP in order to be considered for certification as a DBE in Michigan.

**** FIRMS SEEKING CERTIFICATION AS AN AIRPORT CONCESSIONAIRE DISADVANTAGED
BUSINESS ENTERPRISE (ACDBE) ****

For firms seeking certification as an ACDBE or firms that wish to do work primarily with the Detroit Metropolitan Airport Wayne County (DTW) STOP. Do not fill out this form. Please contact the Wayne County Human Relations Division directly about certification procedures for firms seeking ACDBE certification.

Should you have questions, or require assistance completing this Interstate DOE, please contact the MUCP partners directly.

MUCP Certifying Agencies

Michigan Department of Transportation (MDOT) Office of Business Development 425 W. Ottawa St., Lansing, MI 48909 (866) 323-1264 / Fax (517) 335-0945 MDOT-DBEApplications@Michigan.gov	Wayne County Human Relations Division 500 Griswold, 12th floor, Detroit, MI 48226 (313) 224-5021 / Fax (313) 224-6932 HumanRelations@Co.Wayne.mi.us *For firms seeking ACDBE Certifications*	Detroit Department of Transportation Office of Contract Compliance 1301 E. Warren, Room 209, Detroit, MI 48207 (313) 833-3250 / Fax (313) 833-1496 DDOT-DBE@Detroitmi.gov
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The documents listed below **must be submitted** along with your interstate DOE application.

CHECKLIST

Cover Letter - Cover letter must include all the states that your firm is certified in, including the UCP that originally certified it, and the date of your firm's original home state certification.

Home State Directory - An electronic image of the home state's DBE UCP directory that demonstrates that your firm is currently DBE-certified in its principal place of business and includes all of the North American Industry Classification System (NAICS) codes.

Original Certification Approval Letter - A copy of your firm's original certification approval letter that must be dated and signed by the awarding UCP.

GENERAL INFORMATION

Name of DBE-Certified Firm			Contact Person	
Legal Name of DBE Firm (must be as written on federal tax returns)			Employer Identification Number (EIN)	
Street Address of the Firm (actual address – cannot be a P.O. box)				
City		County		State
ZIP Code				
Mailing Address if Different From Above				
Business Phone Number (Include Extension)		Alternate Phone Number		E-Mail Address
Website				Year the Firm was Founded
Check: Sole Proprietor Corporation Limited Liability Company (LLC) Limited Liability Partnership (LLP) Other				

Ownership Information - list **all of the firm's owners** regardless of whether their ownership is used for DBE determination. Use additional sheets if needed.

Owner Name	*Ethnicity	Gender	Ownership %
Owner Name	*Ethnicity	Gender	Ownership %
Owner Name	*Ethnicity	Gender	Ownership %
Owner Name	*Ethnicity	Gender	Ownership %
Owner Name	*Ethnicity	Gender	Ownership %

* Black, Hispanic, Asian Pacific, Native American, Subcontinent Asian, Other (specify)

Provide all the North American Industry Classification System (NAICS) codes your firm is currently certified in.

Description of the firm's primary line of work

Category of work

Construction
 Consulting
 Trucking
 Supplier
 Airport Concessionaire
 Engineering
 Other

Affiliate firms - include all firms that meet the SBA standard definition of affiliation regardless of whether they perform related work.

Affiliate Name	NAICS
Affiliate Name	NAICS
Affiliate Name	NAICS

Work Locations - select all MDOT regions where your firm is willing to deploy equipment and employees in Michigan.

Statewide	All Lower Peninsula	All Upper Peninsula
Metro Region	Southwest Region	Northern Region
University Region	Bay Region	Grand Region
		Superior Region



U.S. Department of Transportation

OMB APPROVAL NO: 2105-0586 EXPIRATION DATE: 05/31/2027

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 SC § 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)**