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Michigan Department  
of Transportation  
1071 (04/2026)

**DISADVANTAGED BUSINESS ENTERPRISE (DBE)  
SOCIAL AND ECONOMIC DISADVANTAGE DECLARATION**

To Be Filled Out by Each Individual Disadvantaged Owner

The Michigan Department of Transportation (MDOT) created this form to help qualified applicants demonstrate they meet social and economic disadvantage requirements for the Disadvantaged Business Enterprise (DBE) and the Airport Concessionaire Disadvantaged Enterprise (ACDBE) program. MDOT provides this form to help firms write their narratives, but firms can submit their social disadvantaged narrative (pages 1-3 of this form) in whatever way works best for them.

A social disadvantage narrative must be submitted on behalf of each individual owner by which DBE certification is or will be based. For each of the below, please provide clear, specific, and detailed responses to the questions below. Please be sure to:

- Be Factual and Specific - Use concrete examples rather than general statements. MDOT does not presume the owner is disadvantaged based solely on their gender and ethnicity, each owner must demonstrate how their social disadvantaged has directly affected them.
- Tell a Story - Structure the responses chronologically to illustrate a journey of overcoming challenges.
- Focus on the Impact - Clearly show how the discriminatory conduct led to harm and negative consequences for your business and financial prospects.

MDOT does not presume that owners meet DBE/ACDBE standards based solely on race, ethnicity, or gender.

OWNERSHIP INFORMATION	
BUSINESS NAME (Legal)	OTHER BUSINESS NAME (If different)
EMPLOYER IDENTIFICATION NUMBER (EIN)	BUSINESS ADDRESS
OWNER NAME	OWNER PHONE NUMBER
OWNER E-MAIL ADDRESS	OWNERSHIP %
OWNER TITLE	DATE APPOINTED

SOCIAL DISADVANTAGE NARRATIVE
<p>For each of the responses below, please provide details for each question, feel free to attach additional pages if necessary. If you are having difficulty with this form or require support determining what qualifies as social disadvantage, and have questions contact our office for support at <a href="mailto:MDOT-DBE@Michigan.gov">MDOT-DBE@Michigan.gov</a>, or by phone at 1-866-DBE-1264.</p> <p>1. Please describe how you are socially disadvantaged based on your own experience and circumstances that occurred within American society. Responses should be specific about how you have experienced social hardships.</p>

2. Tell a story about your life that explains how you've faced tough times or unfair treatment like not getting the same chances in school, jobs, money, or running a business. Talk about how your experience is different from other business owners who haven't faced these problems.

3. Please explain how these (above) have caused you economic harm, including to what extent, and how this may not be an issue for similar businesses owned and controlled by non-socially disadvantaged individuals.

Send this completed form to MDOT at [MDOT-DBE@Michigan.gov](mailto:MDOT-DBE@Michigan.gov), or by mail to:  
 Michigan Department of Transportation  
 Attn: Office of Business Development  
 PO Box 30050  
 Lansing, MI 48909

By signing you agree that you are accurately representing yourself and role in the applicant/certified firm; AND that the statements provided in this form are true and honest to the best of your knowledge. MDOT may request additional information, or clarifications to the statements provided in this Social and Economic Disadvantage Personal Narrative Declaration form. Attach additional sheets as needed.

By signing you also agree that misrepresentation on this form, or all other DBE certification documentation, will lead to decertification or certification denial, as well as any other remedies required by federal regulations and state law.

FULL NAME (PRINT)	TITLE	
SIGNATURE		SIGNING DATE