

Table of Contents

INSTRUCTIONS FOR COMPLETING THE APPLICATION	3
Section 1: GENERAL CONTACT INFORMATION	4
FIRM NAME	4
ADDRESS INFORMATION	4
CONTACT INFORMATION	5
Section 2: CERTIFICATION INFORMATION	6
OTHER CERTIFICATIONS	6
CURRENT CERTIFICATIONS	6
PRIOR/OTHER CERTIFICATIONS AND PRIVILEGES	6
Section 3: BUSINESS PROFILE	8
BUSINESS PROFILE	8
RELATIONSHIPS WITH OTHER BUSINESSES	9
FAMILY MEMBER BUSINESSES	11
Section 4: OWNERSHIP INFORMATION	12
BACKGROUND INFORMATION	12
RESIDENCE ADDRESS	12
OWNER CITIZENSHIP / RESIDENCE STATUS AND ETHNICITY	13
OWNERSHIP INTEREST	14
OWNER'S RELATIONSHIP TO OTHER FIRMS	15
ADDING MORE OWNERS OR REMOVING OWNERS	16
Section 5: OFFICERS AND BOARD OF DIRECTORS	17
(NEW OFFICER) BACKGROUND INFORMATION	17
ADDING MORE OFFICERS OR REMOVING OFFICERS	18
BOARD OF DIRECTORS	18
ADDING MORE BOARD MEMBERS OR REMOVING BOARD MEMBERS	20
Section 6: MANAGEMENT	21
MANAGEMENT PERSONNEL	21
ADDING MORE MANAGEMENT STAFF OR REMOVING MANAGEMENT STAFF	23
Section 7: INVENTORY	24
EQUIPMENT	24
ADDING MORE EQUIPMENT OR REMOVING EQUIPMENT	24

VEHICLES	24
ADDING MORE VEHICLES OR REMOVING A VEHICLE	24
OFFICE SPACE	24
ADDING MORE OFFICE SPACE OR REMOVING OFFICE SPACE	25
STORAGE SPACE	25
ADDING MORE STORAGE SPACE OR REMOVING STORAGE SPACE	25
Section 8: FINANCE	26
PAYROLL	26
FINANCIAL INFORMATION	26
LOANS	27
ADDING MORE LOANS OR REMOVING LOANS	27
Section 9: AFFIDAVIT OF ELIGIBILITY	28
CONTENT OF THE AFFIDAVIT OF ELIGIBILITY FORM	28
Section 10: PERSONAL NET WORTH STATEMENT(S)	31
PERSONAL NET WORTH STATEMENTS (SUMMARY PAGE)	31
GENERAL INFORMATION	32
RESIDENCE ADDRESS (AS REPORTED TO THE IRS)	32
ASSETS	33
LIABILITIES	34
TOTAL	34
NOTES PAYABLE	34
ACCOUNTS, STOCKS & BONDS	35
REAL ESTATE	35
LIFE INSURANCE	36
PROPERTY & ASSETS	36
OTHER BUSINESSES	37
LIABILITIES & TAXES	37
TRANSFER OF ASSETS	38
NOTARIZATION	38
SECTION 11 - ATTACHMENTS	39
+ ADD ATTACHMENT	39
SECTION 12 – SUBMIT APPLICATION	40

INSTRUCTIONS FOR COMPLETING THE APPLICATION

Field names denoted with an asterisk () are required fields, and cannot be left blank. If any of these fields are blank, they will be flagged in error, resulting in a failure during application submission.*

*Field names denoted with a double asterisk (**) are required fields if you are applying to certify with the State of Minnesota.*

*Field names denoted with a triple asterisk (***) are required fields if you are applying to certify with the local CERT program.*

Each page of the application provides buttons at the bottom of each page to save your data and navigate to another page, save and remain on the page, or cancel.

You MUST SAVE the data you have entered before navigating to another page by using the left navigation menu. If you navigate off of a page without saving, the data you have entered will be lost.

Section 1: GENERAL CONTACT INFORMATION

The Firm Name and DBA Name displayed on the GENERAL CONTACT INFORMATION page was entered during the Start Application process. The information entered during Start Application can be updated (corrected or altered) on this page.

FIRM NAME

Firm Name (*): The *legal* name of your firm, as indicated in your firm’s Articles of Incorporation or Articles of Organization.

DBA Name: The name your firm uses for doing business (“doing business as”). Also known as a Trade Name. This field should be completed if you have registered a DBA name with a state or local entity.

ADDRESS INFORMATION

You must enter a valid street address for the physical location of your firm. PO Boxes are not valid. You may enter a PO Box for your mailing address, by checking the box “Company mailing address is different than physical address”.

Address 1 (*): The street number and street name where your firm is *physically* located. Include a unit number in Address 1, if applicable.

Example: 1234 Main St. SE, Suite 564

Address 2: Additional routing information for your firm’s address, to assist with more accurate delivery to your business. For example, you may have a mail stop in your office building that handles your mail.

Example: Mail Room 214A

Address 3: Additional comments used for your firm’s address or routing. Use for additional information, if desired, such as an ‘attention’ line, or other delivery information.

Example: ATTN: Accounts Receivable Department

City (*): The name of the city associated with the address of your firm’s physical location.

State (*): The name of the U.S state that is associated with the address of your firm’s physical location.

Zip Code (*): The 5-digit zip code associated with the address of your firm’s physical location.

Company mailing address is different than physical address: Check this box, if your firm uses a separate mailing address to receive mail.

By checking this box, additional address fields will be displayed in order to enter a mailing address. Reference the fields for address above for instructions on entering data for your firm's *mailing address*.

For mailing addresses, a PO Box is acceptable.

CONTACT INFORMATION

Business Contact Name (*): The first name (given name) and the last name (surname) of the person who will serve as your firm's primary contact under this application.

Business Contact Title (*): The title of the person who will serve as your firm's primary contact under this application.

Business Telephone (*): The primary phone number for the primary business contact, including area code.

Business Fax: The fax number for your firm, if any, including area code.

Business Email Address (*): The business email for the primary business contact.

Business Website: The website address for your firm, if any.

Section 2: CERTIFICATION INFORMATION

The information entered and displayed on the CERTIFICATION INFORMATION page is information regarding other certifications held by your firm.

OTHER CERTIFICATIONS

Is your firm currently certified with another certifying entity?: Check this box if you have current certifications with other entities or agencies.

CURRENT CERTIFICATIONS

If you checked the box for the previous question, please use the following checkboxes to indicate your other certifications.

Note: For some choices, there is a field to specify the entity that issued the certification. Please enter the certifying entity name(s) in the box provided. You may enter multiple certifying entities in the box provided.

- MNUCP (any certifying member agency)
- USDVA (US Department of Veterans Affairs)
- Other US DOT DBE certifying agency
Specify:
- State of Minnesota (Targeted Group, Economically Disadvantaged, or Veteran-Owned)
- State of Minnesota Human Rights – Workforce Certificate of Compliance
- CERT (City of St. Paul, City of Minneapolis, Hennepin County, Ramsey County)
- HUD – Section 3
- Minneapolis Target Market
- NMSDC (National Minority Supplier Development Council, and regional affiliate councils)
- NGLCC (National Gay and Lesbian Chamber of Commerce)
- WBENC (Women Business Enterprise National Council)
- Other Small Business Enterprise (SBE) or Small Disadvantaged Business (SDB) certification;
Specify:
- Other
Specify:

PRIOR/OTHER CERTIFICATIONS AND PRIVILEGES

Has your firm, under any name, or any of its Owners, Board of Directors, Officers or Management Personnel had any of the following actions taken against them by a State, Local, or Federal Agency or Entity? Check all that apply: Check any box that applies to any previous or current certifications held by your firm. *Note: Checking any of the action boxes does not automatically disqualify your application.*

- Withdrawn an application for a certification
- Been denied a certification
- Been decertified, debarred, or suspended

- Had bidding privileges denied or restricted

The following fields will display (and are required) if you checked any action box listed above. Enter the following information:

Name of Person(*): The name of the person who was the primary contact on the certification for which an action was taken.

Title at your Firm(*): The title of the person who was the primary contact on the certification for which an action was taken.

Name of agency or entity(*): The name of the agency or entity that took the action.

State(*): The name of the state where the action occurred.

Date(*): The date the action was taken.

Further explain the nature of the action(*): Provide details of the action.

You can add additional lines if there are multiple firms involved by clicking '**Add Another Explanation**' button.

Section 3: BUSINESS PROFILE

The information entered and displayed on the BUSINESS PROFILE page is information regarding your firm.

BUSINESS PROFILE

Describe the primary activities of your firm (*): Briefly describe the primary business and professional activities in which your firm engages. Include description of products, services and types of construction specialties, if applicable.

Federal Tax ID or EIN(*): The Federal Tax ID number (Employer Identification Number) of your firm. This is the tax ID number used to file your firm’s tax returns.

Date firm was established (*): The date on which your firm was officially established, as stated in your firm’s Articles of Incorporation or Articles of Organization.

Date ownership was acquired (*): The date on which the majority owner acquired the firm.

NAICS Code (*): The 6-digit NAICS code that represents the primary business activity performed by your firm. If you don’t know the code, use the link provided to search. Choose the code that most *closely* describes the primary business activity performed by your firm.

Secondary NAICS Code: The 6-digit NAICS code that represents the secondary business activity (if any) performed by your firm. Only the primary NAICS code is required.

Method of acquisition (*): Select the option from the dropdown list that describes the manner in which the majority owner acquired ownership of your firm. If you select “Other,” explain in the space provided.

Has your firm ever existed under any of the following: Check the appropriate box that indicates whether your firm has ever:

- Existed under different ownership
- Existed under a different type of ownership
- Existed under a different name

Explain: If you have checked any box above, briefly explain the circumstances in the space provided.

Number of Employees (*): Indicate in the spaces provided how many employees your firm has, specifying the number of employees who work on a full-time and part-time basis. The total number of employees (full-time + part-time) is calculated for you. You must enter zeroes, if you do not employ either full-time or part-time employees.

Number of Independent Contractors: If your firm uses independent contractors to provide specific services or staff augmentation, enter the number of independent contractors you currently have on staff.

This field will only display if you have selected the local CERT program to apply for CERT certification.

Date registered with the MN Secretary of State: The date your firm was registered with the Minnesota Secretary of State.

This field will only display if you have selected the State of Minnesota to apply for state certification.

State Tax ID: The State Tax ID as assigned by the Minnesota Secretary of State.

This field will only display if you have selected the State of Minnesota to apply for state certification.

Specify the gross revenues of your firm for the last 3 years (*): The year (pre-filled for you), and the gross revenue for that year, as declared in your firm's filed tax returns. If your firm has been in business less than one year, enter zero in the Total Revenue field for those years.

If your firm has been in business less than one year and has not filed a yearly tax return, please make sure you submit current financial statements (current balance sheet and income statement) as an attached document.

Specify percent of gross revenue from doing business with government entities. (Includes entities such as cities, counties, state, public schools, and other public institutions): The percentage of gross revenue obtained by doing business with government entities.

This field will only display if you have selected the local CERT program to apply for CERT certification.

RELATIONSHIPS WITH OTHER BUSINESSES

Is your firm co-located at any of its business locations, or does it share the following resources with any other business, organization, or entity: Check the appropriate box that indicates whether your firm shares:

- Telephone number(s)
- P.O. box(es)
- Office Space
- Yard

- Warehouse(s)
- Facilities
- Equipment
- Office staff

If you have checked any of the boxes, then specify the name of the other firm(s) and the type of business of the other firm(s).

You can add additional lines if there are multiple firms involved by clicking **'Add Another Item'** button.

At present, or at any time in the past, has your firm: Check the appropriate box that indicates whether at present, or at any time in the past:

- Been a subsidiary of any other firm
- Consisted of a partnership in which one or more of the partners are other firms
- Owned any percentage of any other firm
- Had any subsidiaries

If you have checked any of the boxes, then specify the name of the other firm(s), and the type of business of the other firm(s).

You can add additional lines if there are multiple firms involved by clicking **'Add Another Item'** button.

Does any other firm presently have an ownership interest in your firm or has any firm had ownership interest in the past?: Answer 'No' or 'Yes'.

If you answered "Yes", then specify the name of the other firm(s), and the type of business of the other firm(s).

You can add additional lines if there are multiple firms involved by clicking **'Add Another Item'** button.

Have there been any changes in ownership in the last year?: Answer 'No' or 'Yes'.

If you answered "Yes", provide an explanation of the ownership change in the space provided.

This field will only display if you have selected the State of Minnesota or the local CERT program to apply for certification.

Are there any stock options or other ownership options that are outstanding and / or any agreements between owners or between owners and third parties that restrict the ownership and / or control of any minority or female owners?: Answer 'No' or 'Yes'.

If you answered “Yes”, provide an explanation of the stock option or agreement that restricts minority or female ownership / control.

This field will only display if you have selected the local CERT program to apply for CERT certification.

Other firms with ownership interest in your firm that accounts for 20% or more of your annual gross revenue in the last fiscal year:

Specify the name of the other firm(s), the physical address of the other firm(s), the total amount of revenue from this firm (for the last year), the contact person for the firm, and the phone number for the contact person.

You can add additional lines if there are multiple firms involved by clicking ‘**Add Firm**’ button.

This field will only display if you have selected the local CERT program to apply for CERT certification.

FAMILY MEMBER BUSINESSES

Do any of your immediate family members own or manage another firm?: Answer ‘No’ or ‘Yes’.

An “immediate family member” is any person who is your father, mother, husband, wife, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, mother-in-law, or father-in-law.

If you answered “Yes,” provide the name of each relative, your relationship to them, the name of the company they own or manage, the type of business, and whether they own or manage the company.

You can add additional lines if there are multiple firms involved by clicking ‘**Add Family Member**’ button.

This field will only display if you have selected the MNUCP program to apply for MNUCP certification.

Section 4: OWNERSHIP INFORMATION

The information entered and displayed on the OWNERSHIP INFORMATION page is information regarding each owner of your firm (including individuals and any holding companies).

Owners you have already entered are listed on this page.

Clicking the 'Add Owner' button will present you with all the information that needs to be entered for each owner.

Note: You should add all of the owners of your firm FIRST, as they will be presented as choices for completing the Officers and Board of Directors entries, and Management entries on subsequent pages of this application.

BACKGROUND INFORMATION

Owner's First Name (*): The first name (given name) of this owner.

Owner's Last Name (*): The last name (surname) of this owner.

Title (*): The title or position of this owner within the firm.

Additional State of Minnesota Eligibility options ():** There are three additional choices for eligibility when applying for certification from the State of Minnesota. The choices default to 'No'. Select 'Yes' for the selections, if this owner is:

- Physically Disabled
- A Veteran
- A Service-Disabled Veteran

These choices will only display if you have selected the State of Minnesota to apply for state certification.

RESIDENCE ADDRESS

You must enter a valid street address for the residence of the owner. PO Boxes are not valid.

Country (*): 'United States'. You must choose this as the country to display and enter the remaining address fields. This is defaulted for you.

Address 1 (*): The street number and street name where this owner resides. Include a unit number in Address 1, if applicable.

Example: 1234 Main St. SE, Apt #23

Address 2: Additional routing information for the owner's residence address, to assist with more accurate delivery to the residence. For example, you may enter the name of an apartment complex or signed neighborhood, if appropriate.

Example: Stonebridge Condominiums

City (*): The name of the city associated with the address of this owner's residence.

State (*): The name of the U.S state that is associated with the address of this owner's residence.

Zip Code (*): The 5-digit zip code associated with the address of the owner's residence.

Primary Telephone (*): The telephone number that is routinely used by the owner.

Secondary Telephone: An alternate telephone number that can be used to contact the owner.

Email Address (*): The primary email address for this owner.

Gender (*): Select the choice that indicates this owner's gender.

OWNER CITIZENSHIP / RESIDENCE STATUS AND ETHNICITY

Owner Citizenship / Residence Status (*): Select from one of the following choices.

- **U.S. Citizen:** Citizenship includes birth or naturalized citizens.
- **Lawfully Admitted Permanent Resident:** A **lawfully admitted permanent resident** is a non-citizen who has been granted authorization to live and work in the United States on a permanent basis. As proof of that status, a person is granted a permanent resident card.
- **None of the Above:** If this owner is neither a U.S Citizen, nor a lawfully admitted permanent resident.

If this owner is neither a U.S. citizen nor a lawfully admitted permanent resident of the U.S., then this owner is NOT eligible for certification. This, however, does not necessarily disqualify your firm altogether from certification if another owner is a U.S. citizen or lawfully admitted permanent resident and meets the program's other qualifying requirements.

Ethnicity (*): Use the dropdown to select the choice that indicates this owner's ethnicity.

If 'Other' is selected, you will be asked to specify this owner's ethnic group if it is not listed.

Tribal ID Number: If you have selected 'Native American' as the ethnicity of this owner, you must supply a Tribal ID Number.

OWNERSHIP INTEREST

Owner Since (*): Enter the date this owner acquired their ownership interest in the firm.

Percentage Owned: (*): The percentage of total ownership control of your firm that this owner possesses. Enter in whole numbers or fractions (2 decimals) between 1 and 100 (e.g. 100, 51, 33.33, 33.34).

When submitting the application, ownership interest across all owners entered cannot exceed 100%. You will receive an error when trying to submit your application, when the percentages entered are summed and exceed 100%.

Hours devoted to this business per week: The number of hours this owner spends working at your firm.

This field will only display if you have selected CERT to apply for CERT (local) certification.

Is there a familial relationship to other owners?: Answer "No" or "Yes".

Familial relationships include immediate family (father, mother, brother, sister, son, daughter), extended family (grandfather, grandmother, uncle, aunt, cousin), and legal family (in-law relationships).

If you answered "Yes", provide the name of the other owner(s), the other owner's title at your firm, and the relationship between this owner and the other (family member) owners.

You can add additional lines if there are multiple family members involved by clicking '**Add Another Item**' button.

Initial investments to acquire ownership interest in firm (dollar value) (*): The dollar value (whole numbers) this owner contributed to acquire ownership in your firm. Enter the value of any cash, real estate, equipment, or other contribution used to acquire ownership. Enter a zero for any initial investment type this owner did not use to acquire ownership.

Shares of Stock: The number of shares owned, percentage of the total shares issued, class of stock, date acquired, and method by which this owner acquired his/her shares of stock in your firm (if any). Click the N/A box, if this owner does not own shares of stock, or if you have not issued stock for your firm.

For Class (of stock), enter:

- Common / Class A
- Common / Class B
- Preferred
- Unknown

For Method (of stock acquisition), enter:

- Initial Investment
- Inheritance
- Initial Public Offering (IPO)
- Follow-on Public Offering (FPO)
- Unknown

Have any trusts been established for the benefit of this owner: Answer “No” or “Yes”.

OWNER’S RELATIONSHIP TO OTHER FIRMS

Does this owner have ownership, direct or indirect in any other firm(s)?: Answer “No” or “Yes”.

If you answered “Yes”, specify the name of the other firm(s), the physical address of the other firm(s), the percent of ownership for the other firm(s), and the gross revenue (last year) for the other firm(s).

To add more than one other firm, use the **Add Other Firm Info** button to add another firm.

This field will only display if you have selected the State of Minnesota to apply for state certification.

Does this owner perform a management or supervisory function for any other firm(s)?: Answer “No” or “Yes”.

If you answered “Yes”, specify the name of the other firm(s), the physical address of the other firm(s), the title of this owner at the other firm(s), and the general function this owner performs at the other firm(s).

To add more than one other firm, use the **Add Other Firm Info** button to add another firm.

Does this owner own or work for any other firm(s) that has a relationship with this firm, such as ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.?: Answer “No” or “Yes”.

If you answered “Yes”, specify the name of the other firm(s), the physical address of the other firm(s), and describe the sharing relationship with this firm. For example: “Shared equipment leases and loading dock in warehouse space.”

To add more than one other firm, use the **Add Other Firm Info** button to add another firm.

Is this owner a former owner or related to a current owner of another firm engaged in a similar line of business?: Answer “No” or “Yes”.

If you answered “Yes”, specify the name of the other firm(s), the physical address of the other firm(s), and describe the relationship with this firm. For example: “My son owns this landscaping business”.

To add more than one other firm, use the **Add Other Firm Info** button to add another firm.

This question will only display if you have selected CERT to apply for CERT (local) certification.

Is this owner currently employed by any of the following jurisdictions?: Check all that apply.

- Hennepin County
- Ramsey County
- City of St. Paul
- City of Minneapolis

If you have checked any of the boxes, specify the name of the agency / department for the jurisdiction, and the position / title of this owner at the agency / department.

To add more than one jurisdiction or agency / department, use the **Add Jurisdiction Info** button to add another agency / department.

This question will only display if you have selected CERT to apply for CERT (local) certification.

ADDING MORE OWNERS OR REMOVING OWNERS

To add more owners, use the **Add Owner** button. If you wish to remove an owner from the list, use the **Delete** button next to that owner’s entry.

Section 5: OFFICERS AND BOARD OF DIRECTORS

The information entered and displayed on the OFFICERS AND BOARD OF DIRECTORS page is information regarding each officer of your firm and any board members on the Board of Directors for the firm (if applicable).

Officers and board members you have already entered are listed on this page.

Clicking the 'Add Officer' button or the 'Add Board Member' button will present you with all the information that needs to be entered for each officer or board member.

Note: *If the officer or board member is also an owner, and their information has been entered on the OWNERSHIP INFORMATION page, simply select the owner from the dropdown beneath the statement "This person an owner of the firm" and the information you previously entered on the Ownership Page will be used. You will only need to save the entry and return to the application to enter another officer or board member.*

If you did not select an owner, please provide the following information.

(NEW OFFICER) BACKGROUND INFORMATION

Identify your firm's Officers. For each Officer, please enter:

First Name: The first name (given name) of this officer.

Last Name: The last name (surname) of this officer.

Job Title (at your firm): The title or position of this officer within the firm.

Date: The date this officer took their current position in your firm.

Ethnicity: Use the dropdown to select the choice that indicates this officer's ethnicity.

If 'Other' is selected, you will be asked to specify this officer's ethnic group if it is not listed.

Please select 'Other' and provide information if this officer identifies with multiple ethnic groups.

Gender: Select the choice that indicates this officer's gender.

Does this person perform a management or supervisory function for any other firm(s)?: Answer "No" or "Yes".

If you answered "Yes", specify the name of the other firm(s), the physical address of the other firm(s), the title of this officer at the other firm(s), and the general function this officer performs at the other firm(s).

To add more than one other firm, use the **Add Other Firm Info** button to add another firm.

Does this person own or work for any other firm(s) that has a relationship with this firm (e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)?: Answer “No” or “Yes”.

If you answered “Yes”, specify the name of the other firm(s), the physical address of the other firm(s), and describe the sharing relationship with this firm. For example: “Shared equipment leases and loading dock in warehouse space.”

To add more than one other firm, use the **Add Other Firm Info** button.

Is this person currently employed by any of the following jurisdictions?: Check all that apply.

- Hennepin County
- Ramsey County
- City of St. Paul
- City of Minneapolis

If you have checked any of the boxes, specify the name of the agency / department for the jurisdiction, and the position / title of this officer at the agency / department.

To add more than one jurisdiction or agency / department, use the **Add Jurisdiction Info** button to add another agency / department.

This question will only display if you have selected CERT to apply for CERT (local) certification.

[ADDING MORE OFFICERS OR REMOVING OFFICERS](#)

To add more officers, use the **Add Officer** button. If you wish to remove an officer from the list, use the **Delete** button next to that officer’s entry.

[BOARD OF DIRECTORS](#)

Identify your firm's Board of Directors. For each board member, please enter:

First Name: The first name (given name) of this board member.

Last Name: The last name (surname) of this board member.

Job Title (on the Board): The title or position of this board member on the Board of Directors. If the board member holds no formal board position, the title should be ‘Board Member’.

Date: The date this board member took their position on the Board of Directors.

Ethnicity: Use the dropdown to select the choice that indicates this board member’s ethnicity.

If 'Other' is selected, you will be asked to specify this board member's ethnic group if it is not listed.

Please select 'Other' and provide information if this board member identifies with multiple ethnic groups.

Gender: Select the choice that indicates this board member's gender.

Does this person perform a management or supervisory function for any other firm(s)?:

Answer "No" or "Yes".

If you answered "Yes", specify the name of the other firm(s), the physical address of the other firm(s), the title of this board member at the other firm(s), and the general function this board member performs at the other firm(s).

To add more than one other firm, use the **Add Other Firm Info** button to add another firm.

Does this person own or work for any other firm(s) that has a relationship with this firm (e.g. ownership interest, shared office space, financial investments, equipment,, leases, personnel sharing, etc.)?: Answer "No" or "Yes".

If you answered "Yes", specify the name of the other firm(s), the physical address of the other firm(s), and describe the sharing relationship with this firm. For example: "Shared equipment leases and loading dock in warehouse space."

To add more than one other firm, use the **Add Other Firm Info** button.

Is this person currently employed by any of the following jurisdictions?: Check all that apply.

- Hennepin County
- Ramsey County
- City of St. Paul
- City of Minneapolis

If you have checked any of the boxes (other than 'Not employed by any of the following jurisdictions', then specify the name of the agency / department for the jurisdiction, and the position / title of this board member at the agency / department.

To add more than one jurisdiction or agency / department, use the **Add Jurisdiction** button to add another agency / department.

This question will only display if you have selected CERT to apply for CERT (local) certification.

ADDING MORE BOARD MEMBERS OR REMOVING BOARD MEMBERS

To add more board members, use the **Add Board Member** button. If you wish to remove a board member from the list, use the **Delete** button next to that board member's entry.

Section 6: MANAGEMENT

The information entered and displayed on the MANAGEMENT page is information regarding critical management staff within your firm (if applicable).

Management staff you have already entered are listed on this page.

Clicking the 'Add Person' button will present you with all the information that needs to be entered for each person who performs a critical management function.

If the management function is not applicable to your firm, simply click the Not Applicable box for that position. You must enter management staff for each management position listed, or select Not Applicable.

There is an 'Other' option for management provided at the bottom of the list. If there is a critical management function for your firm that is not specifically listed, use this option to enter the management function and the person(s) who fulfill that function.

Note: If the management position/function is fulfilled by an owner owner, and their information has been entered on the OWNERSHIP INFORMATION page, simply select the owner from the dropdown beneath the statement "This person an owner of the firm" and the information you previously entered on the Ownership Page will be used. You will only need to save the entry and return to the application to enter another management position/function.

If you did not select an owner, please provide the following information.

MANAGEMENT PERSONNEL

Identify your firm's management personnel who control your firm in the following areas:

- Financial decisions: Including the acquisition of lines of credit, surety bonds, supplies, etc.
- Authorized to sign company checks: For any purpose
- Authorized to make financial transactions: Conducting any other financial transactions on your firm's behalf that is not otherwise listed.
- Estimating and bidding: Including calculation of cost estimates, bid preparation and submission.
- Negotiating and contract execution: Including participation in any of your firm's negotiations and executing contracts on your firm's behalf
- Business planning: Including preparation and execution of business plans
- Hiring / firing of other personnel: Including interviewing and conducting performance evaluations

- Field / Production operations supervisor: Including site supervision, scheduling, project management services, etc.
- Office management
- Marketing and sales
- Purchasing of major equipment
- Other

For each management position (if applicable to your firm), please enter:

First Name: The first name (given name) of this staff member.

Last Name: The last name (surname) of this staff member.

Job Title (at your firm): The title or position of this staff member in the firm.

Ethnicity: Use the dropdown to select the choice that indicates this staff member's ethnicity.

If 'Other' is selected, you will be asked to specify this staff member's ethnic group if it is not listed.

Please select 'Other' and provide information if this staff member identifies with multiple ethnic groups.

Gender: Select the choice that indicates this staff member's gender.

Does this person perform a management or supervisory function for any other firm(s)?:

Answer "No" or "Yes".

If you answered "Yes", specify the name of the other firm(s), the physical address of the other firm(s), the title of this board member at the other firm(s), and the general function this board member performs at the other firm(s).

To add more than one other firm, use the **Add Another Item** button to add another firm.

Does this person own or work for any other firm(s) that has a relationship with this firm (e.g. ownership interest, shared office space, financial investments, equipment,, leases, personnel sharing, etc.)?: Answer "No" or "Yes".

If you answered "Yes", specify the name of the other firm(s), the physical address of the other firm(s), and describe the sharing relationship with this firm. For example: "Shared equipment leases and loading dock in warehouse space."

To add more than one other firm, use the **Add Another Item** button.

Is this person currently employed by any of the following jurisdictions?: Check all that apply.

- Hennepin County

- Ramsey County
- City of St. Paul
- City of Minneapolis

If you have checked any of the boxes, specify the name of the agency / department for the jurisdiction, and the position / title of this staff member at the agency / department.

To add more than one jurisdiction or agency / department, use the **Add Another Item** button to add another agency / department.

This question will only display if you have selected CERT to apply for CERT (local) certification.

ADDING MORE MANAGEMENT STAFF OR REMOVING MANAGEMENT STAFF

To add more than one person to a management function, use the **Add Person** button. If you wish to remove a person from the list of a management function, use the **Delete** button next to that person's entry.

Section 7: INVENTORY

Indicate your firm's inventory in the following categories:

EQUIPMENT

Type of Equipment: The description of the equipment (e.g. forklift, skid loader, dock leveler, printer, industrial oven, etc.)

Make/Model: The make and model of the equipment.

Current value: The current dollar value of the equipment.

Owned or Leased?: Indicate whether the piece of equipment is owned or leased by your firm.

ADDING MORE EQUIPMENT OR REMOVING EQUIPMENT

To add more than one piece of equipment, use the **Add Another Item** button. If you wish to remove a piece of equipment from the list, use the **Remove** button underneath the entry you wish to remove.

VEHICLES

Type of Vehicle: The general description of the vehicle (e.g. truck, van, sedan, etc.)

Make/Model: The make and model of the vehicle.

Current value: The current dollar value of the vehicle.

Owned or Leased?: Indicate whether the vehicle is owned or leased by your firm.

ADDING MORE VEHICLES OR REMOVING A VEHICLE

To add more than one vehicle, use the **Add Another Item** button. If you wish to remove a vehicle from the list, use the **Remove** button underneath the entry you wish to remove.

OFFICE SPACE

Current value of the property or lease: The current dollar value of the property, or the amount you pay for leasing the office space on an annual basis.

Owned or Leased?: Indicate whether the property or office space is owned or leased by your firm.

Country: Select the country where the office space is located. Selecting the country will open up additional address fields for input.

ADDING MORE OFFICE SPACE OR REMOVING OFFICE SPACE

To add more than entry for office space, use the **Add Another Item** button. If you wish to remove an entry for office space from the list, use the **Remove** button underneath the entry you wish to remove.

STORAGE SPACE

Current value of the property or lease: The current dollar value of the property, or the amount you pay for leasing the storage space on an annual basis.

Owned or Leased?: Indicate whether the storage space is owned or leased by your firm.

Country: Select the country where the storage space is located.

ADDING MORE STORAGE SPACE OR REMOVING STORAGE SPACE

To add more than entry for storage space, use the **Add Another Item** button. If you wish to remove an entry for storage space from the list, use the **Remove** button underneath the entry you wish to remove.

Section 8: FINANCE

The information entered and displayed on the FINANCE page is information regarding your firm's payroll and other management functions that are performed by another firm, your firm's primary banking institution, and any outstanding loans for your firm.

Finance information is required for MnUCP and State of Minnesota certifications. It is not required for the CERT program. If you are only applying for CERT certification, you will not see this menu option.

PAYROLL

Does your firm rely on any other firm for management functions or employee payroll? (*):
Answer "No" or "Yes".

If you answered "Yes", provide the name of the other firm, and describe the management or payroll functions provided by this firm.

Example: ADP manages our payroll.

FINANCIAL INFORMATION

Name of Bank(*): The name of your firm's primary banking institution.

Bank Phone(*): The telephone number of the branch bank used by your firm.

Bank Address(*): The address of the branch bank used by your firm.

Country (*): Select the country where your bank is located. Selecting the country will open up additional address fields for input.

Address 1(*): The street number and street name for the bank. Include a unit number in Address 1, if applicable.

Example: 1234 Main St. SE, Suite #23

Address 2: Additional routing information for the bank address, to assist with more accurate delivery to the bank. For example, you may enter the name of an industrial complex or area, if appropriate.

Example: North Shore Office Park

City (or country-specific area)(*): If the United States was chosen as the country, the name of the city associated with the address of the bank. If another country was chosen, enter the appropriate area for the address of this bank.

State (or country-specific area or province)(*): If the United States was chosen as the country, the name of the U.S state, territory, or armed forces location that is associated with the address of this bank. If another country was chosen, enter the appropriate area for the address of the bank.

Zip (or country-specific postal) Code(*): If the United States was chosen as the country, the 5-digit zip code associated with the address of the bank. If another country was chosen, enter the appropriate postal code (if applicable) for the address of this bank.

Do you have bonding capacity? (*): Answer “No” or “Yes”.

If you answered “Yes”, specify your firm’s binder number, the name of your firm’s bond agent and/or broker), the address of the agent/broker, and the agent’s/broker’s phone number. Also provide your firm’s bonding limits (in dollars) for both aggregate and project limits and the country where the bonding agent is located.

LOANS

Identify all sources, amounts, and purposes of money loaned to your firm, including the names of persons or firms securing the loan, if other than the listed owners:

Name of Source: The name of the lender.

Address of Source: The address of the lender.

Person Securing the Loan: The name of the person that secured the loan (if not one of the listed owners).

Original Amount: The original dollar amount of the loan.

Current Balance: The current amount owed on the loan. Includes any accrued interest.

Purpose of the Loan: Description of the purpose the loan is funding.

ADDING MORE LOANS OR REMOVING LOANS

To add more than one loan, use the **Add Another Item** button. If you wish to remove a loan from the list, use the **Remove** button underneath the entry you wish to remove.

Section 9: AFFIDAVIT OF ELIGIBILITY

When you navigate to this page, a form is displayed (Affidavit of Eligibility). When applying to the MnUCP program, each owner who constitutes qualification to the program must print this form, sign the form, and have the form notarized by a Notary Public. The signed and notarized form(s) should then be attached (uploaded) to this application, using the Attachments page (See Section 11 – Attachments).

The actual Affidavit of Eligibility form prints at the end of report. The application data you have entered prints prior to the form.

Use the Print this Form button at the bottom of the form to route the report to your printer.

The Affidavit of Eligibility is only required for MnUCP certifications. It is not required for the State of Minnesota or CERT programs. If you are only applying for State certification or CERT certification, you will not see this menu option.

CONTENT OF THE AFFIDAVIT OF ELIGIBILITY FORM

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I, swear or affirm under penalty of law that I am of applicant firm have read and understood all of the questions in this application, that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information.

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 application is for the purpose of inducing certification approval 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 application, and I authorize such agency to contact any entity named in the application, 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 of certification.

If awarded a contract or subcontract, 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 (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the recipient agency or Unified Certification Program (UCP) of any material change in the information contained in the original application within 30 calendar days of such change (e. g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I certify 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 (DBE). In support of my application, I certify 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):

Female Black American Hispanic American Asian-Pacific American Other

I certify 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 certify that my personal net worth does not exceed \$1, 320, 000, 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 that are not socially and economically disadvantaged.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Signature

Date

Social Security Number

State of

Notary Public

County of

Commission expires

On this

of,

, 20

Under Sec. 26.107 of "49 CFR Part 26," dated February 2, 1999, if at any time, the Department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Department may initiate suspension or debarment proceedings against the person or firm under 49 CFR Part 29, take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.

Section 10: PERSONAL NET WORTH STATEMENT(S)

You must complete a Personal Net Worth statement for each owner of the firm who constitutes qualification to the program and is a majority owner.

Personal Net Worth Statement(s) are required for MnUCP and State of Minnesota certifications. They are not required for the CERT program. If you are only applying for CERT certification, you will not see this menu option.

If the majority owner(s) Personal Net Worth according to 49 CFR Part 26 and 23 exceeds the \$1,320,000 cap, your firm is not considered to be economically disadvantaged for determination of eligibility for DBE or State certification.

If the Personal Net Worth according to 49 CFR Part 26 of the majority owner(s) exceeds the \$1,320,000 cap at any time after your firm is certified, the firm is no longer eligible for certification. Should that occur, it is your responsibility to contact your certifying agency in writing to advise that your firm no longer qualifies for certification.

General Instructions

- *You must fill out all line items on the Personal Net Worth Statement to the best of your ability.*
- *All monetary amounts are entered in whole dollars (no decimal places).*
- *Totals entered on the first page may require detailed entry on subsequent pages.*
- *If you have any questions about completing this form, please contact the certifying entity / agency to which you are applying.*

PERSONAL NET WORTH STATEMENTS (SUMMARY PAGE)

All owners who have been entered using the OWNERSHIP INFORMATION page will display as 'Available Owners'. These are the owners that have been added to this application.

Click the start button next to an owner's name to start the Personal Net Worth Statement for that owner.

Once a Personal Net Worth Statement has been initiated for the owner, the summary page will display the owner as 'Owners with Statements'.

To the right of each owner's name listed under 'Owners with Statements', the status of their Personal Net Worth Statement is listed (either 'Complete' or 'Incomplete'). There are also two buttons that allow you to 'Edit' the Personal Net Worth Statement, or to 'Delete' the Personal Net Worth Statement for that owner.

GENERAL INFORMATION

First Name: The first name (given name) of this owner.

Last Name: The last name (surname) of this owner.

Legal Firm Name: The name of the firm that was entered previously.

Owner's Primary Phone: The telephone number that is routinely used by this owner for business purposes.

Owner's Secondary Phone: The alternate telephone number used by this owner (if applicable).

*Information shown under GENERAL INFORMATION on the PERSONAL NET WORTH STATEMENTS page is **display-only**. If the information needs to be changed, please return to the GENERAL CONTACT INFORMATION page, or the OWNERSHIP INFORMATION page to update.*

RESIDENCE ADDRESS (AS REPORTED TO THE IRS)

Country: 'United States'.

Address 1: The street number and street name of this owner's residence.

Address 2: Additional routing information for this owner's residence, to assist with more accurate delivery to the residence.

City: The name of the city associated with this owner's residence.

State: The name of the U.S state that is associated with this owner's residence.

Zip Code: The 5-digit zip code associated with the address of this owner's residence.

*Information shown under RESIDENCE ADDRESS on the PERSONAL NET WORTH STATEMENTS page is **display-only**. If the information needs to be changed, please return to the OWNERSHIP INFORMATION page to update.*

Marital Status(*): This owner's marital status. Select from the dropdown list:

- Single
- Married
- Divorced
- Union

Spouse's Full Name: The full name of this owner's spouse (if applicable). Enter first name and last name.

ASSETS

All assets must be reported at their current estimated fair market values as of the date of this statement.

The owner's cost value for real estate, for example, is not acceptable. The applicant is not required to incur a cost to obtain a professional appraisal.

Cash and Cash Equivalents: The total amount of cash on-hand or cash equivalents in any bank account for this owner. Include checking, savings, money market, certificates of deposit (domestic or foreign).

Retirement Accounts: The total present value of all IRAs, 401Ks, or other retirement accounts, including any deferred compensation, 403Bs and other pension plans for this owner. The value of the assets in these accounts should be reduced by the estimated amount of any income taxes and penalties that would be paid if the assets were to be withdrawn as of the date of this application.

Brokerage / Investment Accounts (stocks and bonds): The current market value of this owner's stocks, bonds or other securities. Do NOT include the value of stock in the applicant business (if any).

Assets Held in Trust: The total value of assets held in trust for this owner.

Loans to Shareholders and Other Receivables: The total value of all monies owed to this owner personally, if any. This should include shareholder loans to the applicant firm, if any.

Real Estate (excluding primary residence): The current fair market value of all real estate owned by this owner.

Life Insurance: The *cash surrender value* of any life insurance policies held by this owner. This amount should *not* be the amount a beneficiary would receive upon this owner's death (*known as face value*).

Other Personal Property and Assets: The total current fair market value of all other property or assets owned by this owner not included in the previous entries. Includes motor vehicles, boats, trailers, aircraft, furniture, household goods, jewelry, artwork, collectibles, etc.

Business Interests (other than the firm for this application): Enter the current value of this owner's interest in other businesses.

Total Assets: The sum of all asset entries for this owner (calculated).

LIABILITIES

All liabilities must be reported at their current outstanding balances as of the date of this statement. This includes any principle and interest.

Loan on Life Insurance: The total value of all loans taken against life insurance policies held by this owner.

Mortgages on Real Estate (excluding primary residence): The total balance on all mortgages payable on real estate for this owner.

Notes / Obligations on Personal Property: The total value of all unpaid personal accounts payable that are the responsibility of this owner. Include auto loans and other installment accounts, such as personal credit cards.

Notes / Accounts Payable to Banks and Others: The total amount due on all notes payable to banks and others that are the responsibility of this owner (excluding mortgage balances and notes/obligations on personal property).

Other Liabilities: The total value of all other liabilities for this owner, not classified in the previous entries.

Unpaid Taxes: The total amount of all taxes that are owed by this owner, but unpaid.

Total Liabilities: The sum of all liability entries (calculated).

TOTAL

Total Net Worth: Total Assets (calculated) minus Total Liabilities (calculated) = Total Net Worth

NOTES PAYABLE

*If an amount was entered for **Notes / Obligations on Personal Property** on the first page (**LIABILITIES**), enter the details of each on this page.*

Name and Address of Noteholder(s): The name and address of the entity that holds the note.

Example: US Bank, 1310 Cedar St., St. Paul, MN 55104

Original Balance: The original amount of the note.

Current Balance: The current amount owed on the note. Includes principle and any accrued interest.

Payment Amount: The amount of the payment due for each frequency period.

Frequency: The frequency for each payment (e.g. weekly, monthly, quarterly, annually, etc.)

How Secured or Endorsed Type of Collateral: The method used to secure the note (e.g. unsecured, automobile, real estate, etc.)

To add multiple entries, click the **Add Another Item** button. To remove an entry, click the **Remove Item** button underneath the entry you wish to remove.

ACCOUNTS, STOCKS & BONDS

*If an amount was entered for **Retirement Accounts, Brokerage, Investment Accounts, or Assets Held in Trust** on the first page (**ASSETS**), enter the details of each on this page.*

Name of the Security, Brokerage, or Retirement Account: The name of the company that manages the account.

Cost: Cost of original investment

Market Value Quotation / Exchange: The current value of the investment

Date of Quotation / Exchange: The date the current value was determined

Total Value: The total value of the investment

To add multiple entries, click the **Add Another Item** button. To remove an entry, click the **Remove Item** button underneath the entry you wish to remove.

REAL ESTATE

*If an amount was entered for **Real Estate (excluding primary residence)** on the first page (**ASSETS**), enter the details of each on this page. Include the owner's primary residence in this list (first entry). List each parcel separately.*

Type of Property: The type of property (e.g. primary residence, investment / residential, investment / business, farm property, other income-producing property, etc.)

Address: The address of the property. Include street address, city, state, and zip code.

Date Acquired and Method of Acquisition: The date when you purchased the property, and the method used to acquire the property (e.g. purchase, inherit, divorce settlement, gift, etc.)

Names on Deed: List all names that are on the deed for the property.

Purchase Price: The price you paid for the property.

Present Market Value: The present value of the property from a valuation source.

Source of Market Valuation: How you determined the present market value of this property. This could be from a formal appraisal of the property, or other source that determines market value of properties, based on area, property condition, and other sales of similar properties, such as Zillow.

Names of all Mortgage Holders: List all names of the mortgage holders on the property (people currently purchasing the property).

Mortgage Acc # and Balance: Your mortgage account number and the balance of any mortgage on the property.

Equity Line of Credit Balance: If you have accrued equity in the property, provide the amount of equity credit you may have.

Amount of Payment per Month/Year (specify): The amount of the mortgage payment that is made regularly, and the frequency this amount is paid.

To add multiple entries, click the **Add Another Item** button. To remove an entry, click the **Remove Item** button underneath the entry you wish to remove.

LIFE INSURANCE

*If an amount was entered for **Life Insurance** on the first page (**ASSETS**), enter the details of each on this page. Provide face value cash surrender value of policies, name of insurance company and the beneficiaries named on the policy.*

Insurance Company: The name of the company that holds the insurance policy.

Face Value: The amount of the policy. For example, you are paying for \$100,000 worth of life insurance.

Cash Surrender Amount: The amount any beneficiary would collect upon your death.

Beneficiaries: List the names of any beneficiaries on the policy.

Loan on Policy Information: If you have taken out any loans using your insurance policy as collateral, provide the amount of the loan.

To add multiple entries, click the **Add Another Item** button. To remove an entry, click the **Remove Item** button underneath the entry you wish to remove.

PROPERTY & ASSETS

If an amount was entered for **Other Personal Property and Assets** on the first page (**ASSETS**), or **Notes / Obligations on Personal Property (LIABILITIES)** enter the details of each on this page. Provide face value cash surrender value of policies, name of insurance company and the beneficiaries named on the policy.

Category: The category of the personal property. Use the dropdown list to choose a category:

- Automobile or Vehicle (includes cars, trucks, vans, RVs, boats or watercraft, aircraft)
- Household Good / Jewelry (includes furniture, appliances, jewelry, artwork)
- Account or Notes Receivable
- Other

Type of Property or Asset: Describe the property or asset item. Include the make and model, if applicable.

Total Present Value: The current fair market value of the property or asset item.

Amount of Liability: The total amount still owed (if any) for the property or asset item.

Is this asset insured? (*): Answer "No" or "Yes".

Lien or Loan Amount and Terms of Payment: If you have a lien or loan for this personal property item, enter the dollar amount of the lien or loan, and the terms of payment (monthly, quarterly, annually, etc.)

To add multiple entries, click the **Add Another Item** button. To remove an entry, click the **Remove Item** button underneath the entry you wish to remove.

OTHER BUSINESSES

If an amount was entered for **Business Interests other than the Applicant Firm** on the first page (**ASSETS**), enter the details of each on this page. **Exclude** the owner's interest in the firm for this application.

Other Businesses: The monetary value of other business investments and other businesses owned by this owner. List the name(s) of the business(es) and the dollar amount(s).

LIABILITIES & TAXES

If an amount was entered for **Other Liabilities or Unpaid Taxes** on the first page (**LIABILITIES**), enter the details of each on this page.

Other Liabilities and Unpaid Taxes: The monetary value of any other liabilities (monies owned) and the dollar amount of any taxes that are due, but have not been paid. Provide a description of the liability or tax, and the dollar amount.

TRANSFER OF ASSETS

If you check the box indicating that you have:

- Within 2 years of this personal net worth statement, transferred assets to a spouse, domestic partner, relative, or entity in which you have an ownership or beneficial interest including a trust.*

If yes, describe: Describe the asset and to whom it was transferred. Include name and relationship.

NOTARIZATION

*Print this form. Sign and date the form in front of a notary public. The Personal Net Worth Statement must be notarized. Attach the notarized form to this application as a document attachment. **See Section 11 - ATTACHMENTS** instructions.*

SECTION 11 - ATTACHMENTS

There are a number of documents that you are required to submit as part of your application. The first time you navigate to the Attachments page, a message will display:

No attachments have been uploaded yet. Use the "**Add Attachment**" button to upload attachments.

*Click the **+Add Attachment** button at the top of the page to view a list of documents that may be required for your application. If the document does not pertain to your type of business, it is not required.*

If you have any questions regarding whether the document is required for your application, please contact the certifying entity / agency to which you are applying.

+ ADD ATTACHMENT

Document List: The list of documents displayed are grouped into broader categories. These categories are:

- General
- Personal Information (for all owners)
- Personal Information (for owners who make up the majority of ownership – 51%)
- Business Information
- Corporate or LLC/LLP
- Partnership or Joint Venture
- Trucking Company
- Regular Dealer

Information Icon: To the right of each document type in the list under the broad category, there is an information icon (i). Hover over the information icon to see a more detailed description of the document.

ATTACH A FILE OF THIS TYPE: Find the document type you wish to attach and click the link [ATTACH A FILE OF THIS TYPE](#).

This will navigate to a screen that allows you to browse your computer's directories. Locate the appropriate document by clicking the Browse button.

When you locate the document in your directory list, double-click the document to select and attach.

Description: After selecting your document, you are returned to the browse screen, and you may enter a more detailed description of the document, if desired. For example, if you are

uploading three years of your firm's financial statements, you may wish to note the year in the description Example: 2015 Financial Statement, 2016 Financial Statement, etc.

SECTION 12 – SUBMIT APPLICATION

Navigating to this page means you believe you are ready to submit your application.

An Application Status bar will display at the top of the page, and indicate whether your application is complete. In addition, if your application is complete, a message will display: "All required information has been filled out".

*At this point, if your application is complete, you can simply click the button **Submit Application for Review**, and your application will be sent to the certifying entity/agency you chose during the Start Application process.*

If there is information missing from your application, the Application Status bar will indicate % complete and the pages of the application that require more attention will be listed. You can navigate to a page that is missing data by simply clicking the button of the item listed that is missing.