# Virginia Unified Certification Program Yearly Update

Please complete the following carefully, so that we can check our records for accuracy, even if nothing has changed from last year.

### **GENERAL INFORMATION**

A. Contact Infor	rmation		
1) Contact Person:	Title:	2) Legal Name of Firm:	
FEIN:		Certification No.:	
3) Phone:	4) Other Phone:	5) Fax:	
6) Email for Certification	on**:	Email for Public Directory:	
7) Website:			
8) Street Address of F	Firm (No P.O. Box):	City, State, Zip:	
9) Mailing Address of	Firm (if different):	City, State, Zip:	
		ON OF SERVICES	
1. Only comple	ete this section if your firm is	requesting certification for additional NAICS Codes.	
		nder which your firm works (This will included the Codes for www.census.gov/naics/2007/NAICOD07.HTM)	
services, as w		demonstrating your firm's ability to perform the requested firm with regards to these services. (Out of State firms will uested codes.)	
NAICS Code	Work Description		

## **OWNERSHIP**

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below. (If more than one owner, attach separate sheets for each additional owner.)

A. Background Information				
1) Name:	2) Title:	3) Home Phone #:		
4) Home Address: Street & #: , Cit	4) Home Address: Street & #: , City: , State: Zip:			
5) Gender:	1 _ '	that apply) Iative American		
B. Ownership Interest				
1) Number of years as owner:	Initial investment to acquire ownership in firm:	Type Dollar Value Cash \$ Real Estate \$		
3) Percentage owned:		Real Estate \$ Equipment \$ Other \$		
Family relationship to other owners:		Other \$		
5) Shares of Number: Stock:	Percentage: Class:	Date Acquired: Method Acquired:		
6) Does this owner perform a manage	ement or supervisory function for any o	ther business?		
If Yes, identify: Name of Business:	If Yes, identify: Name of Business: Function/Title:			
7) Does this owner 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.?) Yes No				
If Yes, identify: Name of Business: Function/Title: Nature of Business Relationship				
C. Disadvantaged Status – NOTE: Complete this section only for each owner applying for DBE qualification (i.e. for each owner claiming to be socially and economically disadvantaged)				
1) What is the Personal Networth of the owner(s) applying for DBE Certification? (Use and attach the Personal Networth Statement with this application; attach additional sheets if more than one owner is applying)				
2) Has any trust been created for the benefit of this disadvantaged owner(s)?				
If Yes, explain:	If Yes, explain:			

### **CONTROL**

A. Identify your firm's Officers & Board of Directors (If additional space is required, attach a separate sheet):

	Name	Title	Date Appointed	Ethnicity	Gender
1) Officers of	a)				
the Company	b)				
	c)				
	d)				
	e)				
2) Board of	a)				
Directors	b)				
	c)				
	d)				
	e)				

3) Do any of the person's listed in (1) and/or (2) above perform a management or supervisory function for any other business?				
☐ Yes ☐ No If Yes, identif	y for each: Person:	Title:		
	Business:	Function:		
4) Do any of the person's listed in (1) and/or (2) above 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?) Yes No				
If Yes, identify for each: Firm Na	me: Person:	Nature of Business Relationship:		

B. Identify your firm's management personnel who control your firm in the following areas. (If more than two persons, attach a separate sheet)

	Name	Title	Ethnicity	Gender
1) Financial	a.			
Decisions (responsibility for lines of credit, surety bonding, supplies, etc.)	b.			
2) Estimating &	a.			
oidding	b.			
3) Negotiating &	a.			
contract execution	b.			
1) Hiring / firing of	a.			
management personnel	b.			
5) Field / Production	a.			
Operations Supervisor	b.			
6) Office	a.			
Management	b.			
7) Marketing/sales	a.			
	b.			
8) Purchasing of major equipment	a.			
	b.			
9) Authorized to sign company checks (for any purpose) 10) Authorized to make financial transactions	a.			
	b.			
	a.			
	b.			

1) Do any of the persons listed in (1) through (10) above perform a management or supervisory function for any her business?	<i>,</i>			
] Yes □ No				
Yes, identify for each: Person: Title:				
usiness: Function:				
12) Do any of the persons listed in (1) through (10) above own or work for any other firm that has a relationship with this firm? (e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.?)				
] Yes □ No				
Yes, identify for each: Firm Name: Person:				
ature of Business Relationship:				

# **AFFIDAVIT OF CONTINUED ELIGIBILITY**

I,(printed name), in the City/Coun	ity of being duly sworn
deposes and says that he/she is	(title) of
(print name of organization) and hereby declares under penalty	
of perjury that the information in this affidavit is true and correct that this firm continues to be owned and controlled by disadvants owners whose ownership is relied upon for Disadvantaged Busin that the firm continues to be a small business as defined by the S regulation, 13 CFR 121 located at: <a href="http://www.sba.gov/idc/group">http://www.sba.gov/idc/group</a>	aged individuals and that the personal net worth of all the ness Enterprise (DBE) status does not exceed \$1,320,000 and small Business Administration (SBA) in its governing
I further attest that I have not been denied bidding privileges or I acknowledge that the Virginia Department of Minority Business inquiries in order to verify any information relating to the firm's	Enterprise (VDMBE) hereby reserves the right to make application and status as an eligible DBE.
I agree that VDMBE will be notified in writing within 30 days or	f any changes in ownership and/or control, personal net
worth and/or size standard that would impact the firm's eligibilit	y to remain in the program.
Notary Certificate, with Notary Seal  City / County of	Signature:  Date:
In the Commonwealth / State of	
The foregoing instrument was subscribed and sworn before	re me
This, 20	
Ву	(name of person / DBE applicant)
Notary Signature	
Notary Registration #	
My Commission expires:	(date)

**IMPORTANT NOTE:** In the Commonwealth of Virginia, any false statement is sufficient cause for denial of DBE certification, revocation of a prior approval or suspension, and may subject the person and/or entity making the false statement to any and all civil and criminal penalties under applicable federal and state laws.