



**Tennessee Uniform Certification Program
(TNUCP)
Disadvantaged Business Enterprise
(DBE)
Renewal Application**

→This document and its attachment must be completed in their entirety for each DBE owner←

PRINT NAME AND TITLE OF MAJORITY DISADVANTAGED OWNER(S):

BUSINESS NAME: _____

MAILING ADDRESS: _____

BUSINESS PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

→DBE FIRM'S GROSS RECEIPTS (attach a copy of the firm's most recent corporate tax return and all attachments, if applicable)

→DBE OWNER'S PERSONAL TAX RETURN (attach a copy of the most recent personal tax return and all attachments for each individual applying for disadvantaged status)

→PERSONAL FINANCIAL STATEMENT (This attached document must be filled out in its entirety, signed, dated and notarized by the applicant)

→HAS THERE BEEN A CHANGE IN OWNERSHIP/MANAGEMENT THIS PAST YEAR? YES ___ NO ___
(If "YES," you must submit all pertinent information to show changes in ownership)

I agree that the TNUCP will be notified in writing within 30 days of any changes in ownership and/or control, personal net worth and/or size standard that would impact the firm's eligibility to remain in the program.

I, _____ (name of DBE firm owner{s}), swear (or affirm) that there have been no changes in _____ (name of DBE firm) circumstances affecting its ability to meet the size, disadvantaged status, ownership or control requirements of 49 CFR Part 26 and 13 CFR Part 121. I swear (or affirm) there have been no material changes in the information provided with _____ (name of DBE firm) application for certification, except for any changes about which I have provided written notice to _____ (name of DOT recipient) pursuant to 49 CFR 26.83(i).

I swear (or affirm) 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 in 49 CFR 26.5, without regard to my individual qualities. I further swear (or affirm) that my personal net worth does not exceed \$1.32 million, 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.

I specifically swear (or affirm) _____ (name of DBE firm) continues to meet the Small Business Administration (SBA) business size criteria and the overall gross receipts cap of 49 CFR Part 26 and _____ (name of DBE firm) average annual gross receipts (as defined by SBA rules) over the previous three fiscal years do not exceed _____ (dollar amount). I provide the attached size and gross receipts documentation to support this affidavit.

I certify that the above information is true and complete to the best of my knowledge and understand that knowingly and willfully providing false information to the Federal government is a violation of 18 U.S.C. 1001 (False Statements) which could result in fines, imprisonment or both.

Signature _____ Date _____

NOTARY CERTIFICATE:



PERSONAL FINANCIAL STATEMENT

As of _____, _____

Name _____

Business Phone _____

Residence Address _____

Residence Phone _____

City, State, & Zip Code _____

Business Name of Applicant _____

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand & in Banks.....	\$ _____	Accounts Payable.....	\$ _____
Savings Accounts.....	\$ _____	Notes Payable to Banks and Others.....	\$ _____
IRA or Other Retirement Account...	\$ _____	<i>(Describe in Section 2)</i>	
Accounts & Notes Receivable.....	\$ _____	Installment Account (Auto).....	\$ _____
Life Insurance-Cash Surrender		Mo. Payments \$ _____	
Value Only	\$ _____	Installment Account (Other).....	\$ _____
<i>(Complete Section 8)</i>		Mo. Payments \$ _____	
Stocks and Bonds.....	\$ _____	Loan on Life Insurance.....	\$ _____
<i>(Describe in Section 3)</i>		Mortgages on Real Estate.....	\$ _____
Real Estate.....	\$ _____	<i>(Describe in Section 4)</i>	
<i>(Describe in Section 4)</i>		Unpaid Taxes.....	\$ _____
Automobile-Present Value.....	\$ _____	<i>(Describe in Section 6)</i>	
Personal Property.....	\$ _____	Other Liabilities.....	\$ _____
<i>(Describe in Section 5)</i>		<i>(Describe in Section 7)</i>	
Other Assets.....	\$ _____	Total Liabilities	\$ _____
<i>(Describe in Section 5)</i>			
Total Assets	\$ _____	Total Assets – Total Liabilities=	
		Net Worth	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary.....	\$ _____
Net Investment Income.....	\$ _____
Real Estate Income.....	\$ _____
Other Income.....	\$ _____
<i>(Describe in section 1 below)</i>	
	As Endorser or Co-Maker.....
	\$ _____
	Legal Claims & Judgments.....
	\$ _____
	Provision for Federal Income Tax.....
	\$ _____
	Other Special Debt.....
	\$ _____

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Other. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

