



SMALL BUSINESS CONCERN PROGRAM APPLICATION

A. Contact Information

(1) Contact person and Title:		(2) Legal name of firm:			
(3) Phone #:	(4) Other Phone #:		(5) Fax #:		
(6) E-mail:		(7) Website (if have one):			
(8) Street address of firm (No P.O. Box):		City:	County/Parish:	State:	Zip:
(9) Mailing address of firm (if different):		City:	County/Parish:	State:	Zip:

B. Owner Information

(1) Name:		(2) Title:		(3) Home Phone #:	
(4) Home Address (street and number):		City:	State:	Zip:	
(5) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		(6) Ethnic group membership (Check all that apply):			
(7) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No					
(8) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American	
		<input type="checkbox"/> Asian Pacific	<input type="checkbox"/> Subcontinent Asian		
		<input type="checkbox"/> Caucasian			
		<input type="checkbox"/> Other (specify) _____			

C. Business Profile

(1) Describe the primary activities of your firm:		(2) Federal Tax ID (if any):	
(3) This firm was established on ___/___/___		(4) I/We have owned this firm since: ___/___/___	
(5) Is your firm "for profit"? <input type="checkbox"/> Yes <input type="checkbox"/> No		* STOP! If your firm is NOT for-profit, then you do NOT qualify for this program and do NOT need to fill out this application.	
(6) Type of firm (check all that apply): <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other, Describe: _____			
(7) Number of employees: Full-time		Part-time	Total

_____	_____	_____
_____	_____	_____
_____	_____	_____

(8) Specify the gross receipts of the firm for the last 3 years:	Year	Total receipts \$
	Year	Total receipts \$
	Year	Total receipts \$

*** In order to complete your Small Business Concern Certification you must attach your firm's tax returns (gross receipts) and all related schedules for the past three years.**

D. List current licenses/permits held by any owner and /or employee of your firm (e.g. contractor, engineer, architect, etc.)(attach additional sheets if needed):

<i>Name of License/Permit Holder</i>	Type of License/Permit	Expiration Date	License Number and State
1.			
2.			
3.			

E. Prior/Other Certifications

Is your firm currently DBE Certified?	Yes	No	If yes, name certifying agency below:
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MAIL TO:
 Mississippi Department of Transportation
 Office of Civil Rights – DBE Liaison P.O.
 Box 1850
 Jackson, MS 39215-1850
 Phone: (601) 359-7466 Fax: (601) 576-4504
www.goMDOT.com

DISADVANTAGED BUSINESS ENTERPRISE PROGRAM 49 C.F.R. PART 26

<p>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.</p>
