

DBE/ACDBE PNW Statement

Paperwork Reduction Act Burden Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2105-0586. Public reporting for this collection of information is estimated to be approximately 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information.

All responses to this collection of information are mandatory 49 CFR § \$26.67, 26.68; the nature and extent of confidentiality to be provided, if any (49 CFR §§ 23.35, 23.39, 26.83(d) and 26.109(b)]. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, (your agency name and address), Washington, D.C. 20590.

Privacy Act Statement (5 U.S.C. § 552a, as amended):

AUTHORITY: 42 U.S.C. 2000d et seq., § 12101 et seq., 42 U.S.C. 6101 et seq.; 29 U.S.C. 794, 749d; 49 U.S.C. 47113; 42 U.S.C. 12101; 49 CFR Part 23; 49 CFR Part 26, and Executive Order 13160.

PURPOSE(S): DOT will use the information collected to respond to Disadvantaged Business Enterprise (DBE) and Airport Concession Disadvantaged Business Enterprise (ACDBE) inquiries and adjudicate appeals.

ROUTINE USE(S): In accordance with DOT's system of records notice, <u>DOT/ALL–24 Departmental Office of Civil Rights System</u>, 76 FR 71108 (Nov. 16, 2011), the information provided may be disclosed to the U. S. Department of Justice, including United States Attorney's Offices, or other Federal agency conducting litigation or in proceedings before any court, adjudicative or administrative body, when it is necessary to the litigation and one of the following is a party to the litigation or has an interest in such litigation. A comprehensive list of routine uses can be found in DOT/ALL 24 and DOT's General Statement of Routine uses, 75 FR 82138 (Dec. 29, 2010). 77 FR 42796 (July 20, 2012), 84 FR 55222 (Oct. 15, 2019).

DISCLOSURE: Provision of the requested information is voluntary; however, failure to furnish the requested information may result in the denial of a DBE or ACDBE application and an inability of the Department to process an appeal or inquiry from any party.



INSTRUCTIONS

An individual's personal net worth according to 49 C.F.R. Parts 23 and 26 includes assets and liabilities that she or he owns or is deemed to own without regard to community property or equitable distribution laws.

If the personal net worth of the majority owner(s) of the firm exceeds the PNW cap posted online at https://www.Transportation.gov/DBEPNW, as defined by 49 C.F.R. Parts 23 and 26, the firm is not eligible for DBE or ACDBE certification.

Please **DO NOT** enter figures directly into the fields on page 3 of this document. Complete each individual worksheet and page 3 will automatically populate. Provide all Worksheets. Provide documents to support each entry. If you have any questions about completing this form, contact the certifying agency.

Assets

Report assets at their current fair market values as of the date of your PNW form. In cases of joint ownership, report only the value of your ownership unless Worksheet directs otherwise. Do not report the value of the applicant firm.

Cash and Cash Equivalents: Enter information and amounts into Worksheet 1.

Investment Accounts and Individual Securities: Enter information and amounts into Worksheet 2.

Real Estate: Enter information and amounts into Worksheet 3.

Personal Property and Other Assets: Enter information and amounts into Worksheet 4.

Ownership in Other Businesses: Enter information and amounts into Worksheet 5.

Life Insurance: Enter information and amounts into Worksheet 6.

Amounts Owed to You: Enter information and amounts into Worksheet 7.

Assets Held in Trust: Enter information and amounts into Worksheet 8.

Transfers Within Preceding Two Years: If you transferred assets worth at least \$20,000 in aggregate to related parties within the last two years, enter information and amounts into Worksheet 9. *Exclude transfers to applicant or DBE*.

Relatives include your spouse or domestic partner, children (whether biological, adopted, or stepchildren), siblings (including stepsiblings and those of the spouse or domestic partner), and parents (including stepparents and those of the spouse or domestic partner). Related entities include forprofit privately held companies of which any relative is an owner, officer, director, or equivalent; and family or other trusts of which you or any relative is grantor, trustee, or beneficiary, except when the transfer is irrevocable. See 49 C.F.R. 26.68(c)(7)-(9).

Liabilities

Report current balances. Report only your own, direct liabilities. *Do not report* guarantees or other contingent liabilities. *Do not report* business debt, debt secured by retirement assets, or any amount you owe, directly or indirectly, to the applicant or DBE.

Mortgages: Enter information and amounts into Worksheet

Loans on Life Insurance: Enter information and amounts into Worksheet 11.

Other Liabilities: Enter information and amounts into Worksheet 12.

Other Information

Retirement Assets. Complete Worksheet 13 but *do not* enter value on PNW Statement.

Primary Residence. Complete Worksheet 14 but *do not* enter value on PNW Statement.

Declaration

You must sign and date the statement.

Personal Net Worth Statement

As of

This form is used by all participants in the U.S. Department of Transportation's Disadvantaged Business Enterprise (DBE) and Airport Concession DBE (ACDBE) Programs. Each individual owner of a firm applying to participate as a DBE or ACDBE, whose ownership and control are relied upon for DBE certification must complete this form. Each person signing this form authorizes the certifying agency to make inquiries as necessary to verify the accuracy of the statements made. The agency you apply to will use the information provided to determine whether an owner is economically disadvantaged as defined in the DBE program regulations 49 C.F.R. Parts 23 and 26. Return form to appropriate certifying agency, not U.S. DOT.

Name			
Residence (As reported to the IRS) Address, City, State, and Zip Code			
Company's Legal Name			
Marital Status: Single	Married/Domestic Partners	ship	
Assets	(Omit Cents)	Liabilities	(Omit Cents)
Cash and Cash Equivalents (checking and savings accounts, CDs etc.) (Complete Worksheet 1) Investment Accounts and Individual Securities (Complete Worksheet 2) Value of Your Ownership		10. Mortgages on Real Estate Other Than Primary Residence (Complete Worksheet 10) 11. Loans on Life Insurance (Complete Worksheet 11)	
Interest in Real Estate, Excluding Primary Residence (Complete Worksheet 3)		12. Other Liabilities (Complete Worksheet 12)	
4. Personal Property and Other Assets (Complete Worksheet 4)			
5. Ownership in Other Businesses (Complete Worksheet 5)			
6. Life Insurance (Cash Surrender Value) (Complete Worksheet 6)			
7. Amounts Owed to You (Complete Worksheet 7)			
8. Assets Held in Trust (Complete Worksheet 8)			
9. Assets Transferred to Related Parties Within the Past Two Years (Complete Worksheet 9)			
Total Assets:		Total Liabilities:	

Personal Net Worth:

Worksheets

	Cash/Account		Value	
			74140	
		TOTAL	¢0.00	
		TOTAL	\$0.00	
orksheet 2—Investment Accoun	ts and Individual Securities (e.g.	, Brokerage and Custodial accounts, st	ocks. bonds)	
ull Value) (Attach additional she	ets as necessary) Supporting Do	ocumentation Included (e.g. statements)?	YES N/A	
Acc	count or Security Name and Nun	nber	Value	
		TOTAL		
		TOTAL		
orksheet 3—Real Estate Other the cluded (e.g. screen shots from source		dditional sheets as necessary) Support ce documentation, etc.)? YES N/A	ing Documentation	
	Property 1	Property 2	Property 3	
pe of Property				
ldress				
ate Acquired				
urchase Price				
resent Market Value				
ource of Market Valuation				

Worksheet 4—Personal Property and Other Assets (Attach additional sheets as necessary) Supporting Documentation Included (e.g. titles, proof of purchase, proof of insurance, personal property tax documentation, loan agreements, etc.)? YES N/A

Type of Property or Asset	Is this asset insured?		Value
/ehicles (e.g., cars, trucks, recreational vehicles, motorcycles, boats, railers, campers, jet ski, side by side, etc.) and titled in your name or of which you are the primary operator. (Itemize)			
	Yes	No	
Household Property (total value)	Yes	No	
Artwork (total value)	Yes	No	
lewelry (total value)	Yes	No	
Other collectables (total value)	Yes	No	
Amounts owed to you (e.g., loans to others, including companies) Itemize)			
Assets subject to the two-year transfer rule (see 49 CFR 26.68 (c)(7)- (9))			
Other (e.g., livestock, farm equipment, greenhouse)			
	Yes	No	

TOTAL

Worksheet 5—Ownership in Other Business Investments (excluding applicant firm) Sole Proprietorships, General Partners, Joint Ventures, Limited Liability Companies, Closely-held and Public Traded Corporations. (Attach additional sheets as necessary)

Supporting Documentation Included (e.g. stock certificates, operating agreements, business value documentation, business bank statements, business real estate property tax documentation, etc.)?

	Business 1	Business 2	Business 3
Business name			
Address			
Value			

Policy		Insurance Company	Cash Surrender Amour
		тот	4 <i>L</i>
rksheet 7—Amounts Owed to Yo ditional sheets as necessary) Su		als and entities including applicant fi uded (loan agreements)? YES	rm) (Attach N/A
Debtor		Description	Balance
Debitor		rescription	Dalatice
		TOTAL	
which and O. Annual Hold in Toward	/A441		
orksheet 8—Assets Held in Trust		as necessary)	
oporung Documentation included (e.g	g. copy of trust documents)?	YES N/A	
Trust Name		YES N/A Additional Information	Value
		-	Value
		Additional Information	
		-	
Trust Name	Description/	Additional Information	44
Trust Name	Description// O Related Parties Within the	Additional Information TOTA	44
Trust Name	Description// O Related Parties Within the strength of the str	Additional Information TOTA ne Past Two Years (Attach additional	44
rksheet 9— Assets Transferred to	Description// O Related Parties Within the strength of the str	TOTA The Past Two Years (Attach additional YES N/A	AL sheets as necessary)
rksheet 9— Assets Transferred to porting Documentation Included (e.g.	Description// O Related Parties Within the strength of the str	TOTA The Past Two Years (Attach additional YES N/A	AL sheets as necessary)

	state Other Than Primar on Included (e.g. mortgage	y Residence (Itemize by Ioan, attachin documents)? YES N/A	g additional sheets
	Property 1	Property 2	Property 3
Type of Property			
Address			
Address			
Name of all Mortgage Holders			
Loan Balance			
		тотл	AL
Mankabaat 44	and the most line to you life i	ingunga (Attack additional abouts	- m
Supporting Documentation Included (e.g.		insurance) (Attach additional sheets as ES N/A	s necessary)
Policy	•	Insurance Company	Loan Amount
		TOTA	L
Worksheet 12—Other Liabilities (Atta	ach additional shoots as	nocossary)	
Supporting Documentation Included (e.g.			
Type of De		Creditor	Amt. of Liability (Balance)
Loans on Motor Vehicles (itemize)		3.33	, , , , , , , , , , , , , , , , , , , ,
Loans Secured by Property Other Th	an Real Estate		
Loans Secured by Property Other Th	an Vehicles		
Unpaid Taxes (fixed in amount and c	urrently due)		
	The CV CO		
Any Other Amount, Not Reported Abo	ove, That You Currently	Owe	
(itemize and describe)			
			1

Worksheet 13—Retirement Accounts (Attach additional sheets as necessary)	
Supporting Documentation Included (statements)? YES N/A	
Supporting Documentation included (statements): TES N/A	
Account Name	Value
TOTAL	
Worksheet 14Primary Residence	

Worksheet 14Primary Residence		
Address		
Date Acquired		
Purchase Price		
Market Value		
Source of Market Valuation		

Declaration

I declare under penalty of perjury that the information provided in this personal net worth statement and supporting documents is complete, true and correct. I declare that no assets have been transferred to any beneficiary for less than fair market value in the last two years. 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 this personal net worth statement, and I authorize such agency to contact any entity named in the application or this personal financial statement, including the names 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 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.

Cianatura	(DBE/ACDBE	Owner

Date