



410-865-1269  
1-800-544-6056

### MINORITY BUSINESS ENTERPRISE DISCLOSURE AFFIDAVIT

Application is hereby made by the organization identified below for certification as a Minority Business Enterprise under the MBE Program of the Maryland Department of Transportation pursuant to Title 14, Subtitle 3 of the State Finance and Procurement Article of the Annotated

| <b>1. NAME AND ADDRESS</b><br>Name _____<br>dba _____<br>Address1 _____<br>Address2 _____<br>City _____ State _____ Zip Code _____<br>Email _____<br>Internet address _____ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>2. CONTROLLING INTEREST (check appropriate box)</b><br><table border="0"><tr><td><input type="checkbox"/> African American</td><td><input type="checkbox"/> Alaskan Native</td><td rowspan="5"><b>CITIZENSHIP</b><br/><input type="checkbox"/> U.S. Citizen<br/><input type="checkbox"/> Resident Alien</td></tr><tr><td><input type="checkbox"/> Hispanic</td><td><input type="checkbox"/> Asian American</td></tr><tr><td><input type="checkbox"/> Native American</td><td><input type="checkbox"/> *Disabled</td></tr><tr><td><input type="checkbox"/> Female</td><td></td></tr><tr><td colspan="2">*Not accorded minority status on Federally funded projects.</td></tr></table> |          | <input type="checkbox"/> African American | <input type="checkbox"/> Alaskan Native | <b>CITIZENSHIP</b><br><input type="checkbox"/> U.S. Citizen<br><input type="checkbox"/> Resident Alien | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian American | <input type="checkbox"/> Native American | <input type="checkbox"/> *Disabled | <input type="checkbox"/> Female |                          | *Not accorded minority status on Federally funded projects. |                          |                          |                          |                          |                          |                          |                                                                  |                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------|------------------------------------------|------------------------------------|---------------------------------|--------------------------|-------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> African American                                                                                                                                   | <input type="checkbox"/> Alaskan Native                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>CITIZENSHIP</b><br><input type="checkbox"/> U.S. Citizen<br><input type="checkbox"/> Resident Alien                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |                                           |                                         |                                                                                                        |                                   |                                         |                                          |                                    |                                 |                          |                                                             |                          |                          |                          |                          |                          |                          |                                                                  |                                                                                                             |
| <input type="checkbox"/> Hispanic                                                                                                                                           | <input type="checkbox"/> Asian American                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                           |                                         |                                                                                                        |                                   |                                         |                                          |                                    |                                 |                          |                                                             |                          |                          |                          |                          |                          |                          |                                                                  |                                                                                                             |
| <input type="checkbox"/> Native American                                                                                                                                    | <input type="checkbox"/> *Disabled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                           |                                         |                                                                                                        |                                   |                                         |                                          |                                    |                                 |                          |                                                             |                          |                          |                          |                          |                          |                          |                                                                  |                                                                                                             |
| <input type="checkbox"/> Female                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                           |                                         |                                                                                                        |                                   |                                         |                                          |                                    |                                 |                          |                                                             |                          |                          |                          |                          |                          |                          |                                                                  |                                                                                                             |
| *Not accorded minority status on Federally funded projects.                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                           |                                         |                                                                                                        |                                   |                                         |                                          |                                    |                                 |                          |                                                             |                          |                          |                          |                          |                          |                          |                                                                  |                                                                                                             |
| <b>3. CONTACT PERSON</b><br>Name _____<br>Title _____<br>Telephone _____ Fax _____                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4. OWNER</b><br>Name _____<br>Title _____<br>Telephone _____ Fax _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                           |                                         |                                                                                                        |                                   |                                         |                                          |                                    |                                 |                          |                                                             |                          |                          |                          |                          |                          |                          |                                                                  |                                                                                                             |
| <b>5. LIST THE NAMES OF THE OFFICERS OF THE COMPANY</b><br>PRESIDENT _____<br>VICE PRESIDENT _____<br>SECRETARY _____<br>TREASURER _____<br>OTHER _____                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <table border="1"><thead><tr><th>MINORITY</th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>                                                                                                                                           | MINORITY | YES                                       | NO                                      |                                                                                                        | <input type="checkbox"/>          | <input type="checkbox"/>                |                                          | <input type="checkbox"/>           | <input type="checkbox"/>        |                          | <input type="checkbox"/>                                    | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/>                                         | <b>DATES ELECTED / APPOINTED</b><br>_____<br>_____<br>_____<br>_____                                        |
| MINORITY                                                                                                                                                                    | YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                                           |                                         |                                                                                                        |                                   |                                         |                                          |                                    |                                 |                          |                                                             |                          |                          |                          |                          |                          |                          |                                                                  |                                                                                                             |
|                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                                           |                                         |                                                                                                        |                                   |                                         |                                          |                                    |                                 |                          |                                                             |                          |                          |                          |                          |                          |                          |                                                                  |                                                                                                             |
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|                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                                           |                                         |                                                                                                        |                                   |                                         |                                          |                                    |                                 |                          |                                                             |                          |                          |                          |                          |                          |                          |                                                                  |                                                                                                             |
| <b>6. NAMES OF CURRENT BOARD OF DIRECTORS</b><br>_____<br>_____<br>_____<br>_____<br>_____                                                                                  | <table border="1"><thead><tr><th>MINORITY</th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table> | MINORITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | YES      | NO                                        |                                         | <input type="checkbox"/>                                                                               | <input type="checkbox"/>          |                                         | <input type="checkbox"/>                 | <input type="checkbox"/>           |                                 | <input type="checkbox"/> | <input type="checkbox"/>                                    |                          | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> | <b>DATE ELECTED</b><br>_____<br>_____<br>_____<br>_____<br>_____ | <b>HOME ADDRESS</b><br>(NUMBER, STREET, CITY, STATE, ZIP CODE)<br>_____<br>_____<br>_____<br>_____<br>_____ |
| MINORITY                                                                                                                                                                    | YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                                           |                                         |                                                                                                        |                                   |                                         |                                          |                                    |                                 |                          |                                                             |                          |                          |                          |                          |                          |                          |                                                                  |                                                                                                             |
|                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                                           |                                         |                                                                                                        |                                   |                                         |                                          |                                    |                                 |                          |                                                             |                          |                          |                          |                          |                          |                          |                                                                  |                                                                                                             |
|                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                                           |                                         |                                                                                                        |                                   |                                         |                                          |                                    |                                 |                          |                                                             |                          |                          |                          |                          |                          |                          |                                                                  |                                                                                                             |
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|                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                                           |                                         |                                                                                                        |                                   |                                         |                                          |                                    |                                 |                          |                                                             |                          |                          |                          |                          |                          |                          |                                                                  |                                                                                                             |
|                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                                           |                                         |                                                                                                        |                                   |                                         |                                          |                                    |                                 |                          |                                                             |                          |                          |                          |                          |                          |                          |                                                                  |                                                                                                             |
| <b>7. NAMES OF BOARD OF DIRECTORS IMMEDIATELY PRIOR TO CURRENT BOARD</b><br>_____<br>_____<br>_____<br>_____<br>_____                                                       | <table border="1"><thead><tr><th>MINORITY</th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table> | MINORITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | YES      | NO                                        |                                         | <input type="checkbox"/>                                                                               | <input type="checkbox"/>          |                                         | <input type="checkbox"/>                 | <input type="checkbox"/>           |                                 | <input type="checkbox"/> | <input type="checkbox"/>                                    |                          | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> | <b>DATE ELECTED</b><br>_____<br>_____<br>_____<br>_____<br>_____ | <b>HOME ADDRESS</b><br>(NUMBER, STREET, CITY, STATE, ZIP CODE)<br>_____<br>_____<br>_____<br>_____<br>_____ |
| MINORITY                                                                                                                                                                    | YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                                           |                                         |                                                                                                        |                                   |                                         |                                          |                                    |                                 |                          |                                                             |                          |                          |                          |                          |                          |                          |                                                                  |                                                                                                             |
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|                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                                           |                                         |                                                                                                        |                                   |                                         |                                          |                                    |                                 |                          |                                                             |                          |                          |                          |                          |                          |                          |                                                                  |                                                                                                             |
|                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                                           |                                         |                                                                                                        |                                   |                                         |                                          |                                    |                                 |                          |                                                             |                          |                          |                          |                          |                          |                          |                                                                  |                                                                                                             |
|                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                                           |                                         |                                                                                                        |                                   |                                         |                                          |                                    |                                 |                          |                                                             |                          |                          |                          |                          |                          |                          |                                                                  |                                                                                                             |
|                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                                           |                                         |                                                                                                        |                                   |                                         |                                          |                                    |                                 |                          |                                                             |                          |                          |                          |                          |                          |                          |                                                                  |                                                                                                             |

8. LIST OF PRODUCT(S)/SERVICE(S) OFFERED. BE SPECIFIC. IF KNOWN, LIST NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE NUMBER FOR EACH ITEM LISTED.

\_\_\_\_\_  
\_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                      |
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| <b>9. TYPE OF OWNERSHIP? IF NOT A MARYLAND CORPORATION, SUBMIT A COPY OF REGISTRATION IN MARYLAND AS A FOREIGN CORPORATION (CHECK ONE)</b><br><input type="checkbox"/> Corporation _____ State _____<br>Date incorporated _____<br><input type="checkbox"/> Partnership _____<br>Date incorporated _____<br><input type="checkbox"/> Date of LLC Agreement _____ | <b>10. DOES YOUR COMPANY OWN MAJOR EQUIPMENT?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>List on a separate sheet, by type and quantity, major equipment owned.<br><b>DO NOT LIST RENTAL OR LEASED EQUIPMENT.</b><br>Is the equipment listed in your possession?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

FORM D-EEO-001A (JULY—2003)  
A material misstatement of fact is sufficient cause for denial of certification. The affiant is subject to penalties for perjury and false statements made in the affidavit.

| <p>11. LIST NUMBER OF EMPLOYEES ON PAYROLL (DO NOT LIST EMPLOYEES TWICE)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">FULL TIME</th> <th style="width: 20%; text-align: center;">PART-TIME</th> </tr> </thead> <tbody> <tr><td>ADMINISTRATIVE</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>CLERICAL</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>SUPERVISOR</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>EQUIPMENT OPERATOR</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>SKILLED LABORER</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>UNSKILLED LABORER</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> </tbody> </table> <p>ARE EMPLOYEE PAYROLL REPORTS BEING FILED WITH:<br/> <input type="checkbox"/> STATE AGENCIES    <input type="checkbox"/> FEDERAL AGENCIES<br/> PLEASE SUBMIT THE LAST FOUR (4) QUARTERLY REPORTS.</p> |           | FULL TIME | PART-TIME | ADMINISTRATIVE | _____ | _____ | CLERICAL | _____ | _____ | SUPERVISOR | _____ | _____ | EQUIPMENT OPERATOR | _____ | _____ | SKILLED LABORER | _____ | _____ | UNSKILLED LABORER | _____ | _____ | <p>12. FEDERAL IDENTIFICATION NUMBER _____</p> <p>SOCIAL SECURITY NUMBER _____</p> <p>MD EMPLOYER NUMBER _____</p> <hr/> <p>13. HAVE YOU PREVIOUSLY APPLIED FOR OR BEEN MDOT:<br/> <input type="checkbox"/> CERTIFIED    <input type="checkbox"/> DENIED    (PLEASE CHECK)</p> <p>TO APPLY FOR MDOT CERTIFICATION, YOU MUST BE CERTIFIED IN YOUR HOME STATE. PLEASE SUBMIT A COPY OF YOUR HOME CERTIFICATION LETTER AND ON-SITE REPORT.</p> <hr/> <p>15. WHO WILL BE RESPONSIBLE FOR ON-SITE PROJECT SUPERVISION?</p> <p>NAME _____</p> <p>TITLE _____</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|----------------|-------|-------|----------|-------|-------|------------|-------|-------|--------------------|-------|-------|-----------------|-------|-------|-------------------|-------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FULL TIME | PART-TIME |           |                |       |       |          |       |       |            |       |       |                    |       |       |                 |       |       |                   |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ADMINISTRATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _____     | _____     |           |                |       |       |          |       |       |            |       |       |                    |       |       |                 |       |       |                   |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| CLERICAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _____     | _____     |           |                |       |       |          |       |       |            |       |       |                    |       |       |                 |       |       |                   |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| SUPERVISOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____     | _____     |           |                |       |       |          |       |       |            |       |       |                    |       |       |                 |       |       |                   |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| EQUIPMENT OPERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | _____     | _____     |           |                |       |       |          |       |       |            |       |       |                    |       |       |                 |       |       |                   |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| SKILLED LABORER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _____     | _____     |           |                |       |       |          |       |       |            |       |       |                    |       |       |                 |       |       |                   |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| UNSKILLED LABORER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _____     | _____     |           |                |       |       |          |       |       |            |       |       |                    |       |       |                 |       |       |                   |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p>14. WHO DETERMINES WHAT JOBS THE COMPANY WILL UNDERTAKE?</p> <p>Name _____</p> <p>Title _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |           |           |                |       |       |          |       |       |            |       |       |                    |       |       |                 |       |       |                   |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

| 16. | SHAREHOLDERS<br>NAME | MINORITY<br>YES          | MINORITY<br>NO           | CLASS COMMON OR<br>PREFERRED | NUMBER OF<br>SHARES | VOTING<br>PERCENTAGE | TOTAL<br>COST | DATE OF<br>OWNERSHIP |
|-----|----------------------|--------------------------|--------------------------|------------------------------|---------------------|----------------------|---------------|----------------------|
|     | _____                | <input type="checkbox"/> | <input type="checkbox"/> | _____                        | _____               | _____                | _____         | _____                |
|     | _____                | <input type="checkbox"/> | <input type="checkbox"/> | _____                        | _____               | _____                | _____         | _____                |
|     | _____                | <input type="checkbox"/> | <input type="checkbox"/> | _____                        | _____               | _____                | _____         | _____                |
|     | _____                | <input type="checkbox"/> | <input type="checkbox"/> | _____                        | _____               | _____                | _____         | _____                |

TOTAL NUMBER OF SHARES: \_\_\_\_\_ IS THIS A HOLDING OR SUBSIDIARY COMPANY? ☐ YES ☐ NO  
IF YOUR FIRM IS OWNED IN FULL OR IN PART BY ANOTHER COMPANY, LIST ON A SEPARATE SHEET  
\_\_\_\_\_ ISSUED THE COMPANY'S SHAREHOLDERS TO INCLUDE PERCENTAGE OF OWNERSHIP INTEREST, AND THE  
\_\_\_\_\_ OUTSTANDING NAMES AND ADDRESSES OF DIRECTORS AND OFFICERS. IF MINORITIES, NO INDICATE.

17. LIST THE 3 LARGEST PROJECTS IN DOLLAR AMOUNTS COMPLETED BY YOUR BUSINESS DURING THE LAST THREE YEARS

(1) A. PRIME CONTRACTOR

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Telephone \_\_\_\_\_

B. PROJECT IDENTIFICATION: \_\_\_\_\_

C. TOTAL DOLLAR AMOUNT OF MBE PORTION OF THIS PROJECT: \_\_\_\_\_

YOUR SHARE OF THE MBE PORTION: \_\_\_\_\_

D. TYPE OF WORK PERFORMED (USE NAICS CODES, IF KNOWN): \_\_\_\_\_

(2) A. PRIME CONTRACTOR

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Telephone \_\_\_\_\_

B. PROJECT IDENTIFICATION: \_\_\_\_\_

C. TOTAL DOLLAR AMOUNT OF MBE PORTION OF THIS PROJECT: YOUR

SHARE OF THE MBE PORTION: \_\_\_\_\_

D. TYPE OF WORK PERFORMED (USE NAICS CODES, IF KNOWN): \_\_\_\_\_

(3) A. PRIME CONTRACTOR

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Telephone \_\_\_\_\_

B. PROJECT IDENTIFICATION: \_\_\_\_\_

C. TOTAL DOLLAR AMOUNT OF MBE PORTION OF THIS PROJECT: \_\_\_\_\_

YOUR SHARE OF THE MBE PORTION: \_\_\_\_\_

D. TYPE OF WORK PERFORMED (USE NAICS CODES, IF KNOWN): \_\_\_\_\_

FORM D-EEO-001A (JULY—2003)

A material misstatement of fact is sufficient cause for denial of certification. The affiant is subject to penalties for perjury and false statements made in the affidavit.

D-EEO-001-A(7-03)

|                                                                                                                                                                                                                                                                                                                                                                                                                          |        |        |       |       |       |       |       |       |                                                                                                                                    |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|-------|-------|-------|-------|-------|-------|------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18. LIST ALL SOURCES AND AMOUNTS OF MONEY LOANED TO THE CORPORATION</b><br><table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; text-align: center;">SOURCE</td><td style="width: 40%; text-align: center;">AMOUNT</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></table> | SOURCE | AMOUNT | _____ | _____ | _____ | _____ | _____ | _____ | _____                                                                                                                              | _____ | <b>20. HAS YOUR FIRM BEEN APPROVED BY THE FEDERAL SMALL BUSINESS ADMINISTRATION 8(a) PROGRAM?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF YES, FURNISH A COPY OF APPROVAL LETTER _____<br><hr/> <b>21. NAME, ADDRESS AND TELEPHONE NUMBER OF CPA OR ACCOUNTANT</b><br>Name _____<br>Address _____<br>City _____<br>State _____ Zip Code _____<br>Telephone _____<br><hr/> <b>22. NAME, ADDRESS AND TELEPHONE NUMBER OF CPA OR ACCOUNTANT</b><br>Name _____<br>Address _____<br>City _____<br>State _____ Zip Code _____<br>Telephone _____ |
| SOURCE                                                                                                                                                                                                                                                                                                                                                                                                                   | AMOUNT |        |       |       |       |       |       |       |                                                                                                                                    |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                    | _____  |        |       |       |       |       |       |       |                                                                                                                                    |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                    | _____  |        |       |       |       |       |       |       |                                                                                                                                    |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                    | _____  |        |       |       |       |       |       |       |                                                                                                                                    |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                    | _____  |        |       |       |       |       |       |       |                                                                                                                                    |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>19. IDENTIFY YOUR CURRENT BONDING COMPANY AND BANK(S) BONDING COMPANY BANK ACCOUNT NUMBERS</b><br><table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;">_____</td><td style="width: 40%;">_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></table>                                                         | _____  | _____  | _____ | _____ | _____ | _____ | _____ | _____ | <b>23. WERE YOU ISSUED A PERFORMANCE BOND?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MUCH? _____ |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                    | _____  |        |       |       |       |       |       |       |                                                                                                                                    |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                    | _____  |        |       |       |       |       |       |       |                                                                                                                                    |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                    | _____  |        |       |       |       |       |       |       |                                                                                                                                    |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                    | _____  |        |       |       |       |       |       |       |                                                                                                                                    |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

|                                                                                               |       |       |
|-----------------------------------------------------------------------------------------------|-------|-------|
| <b>24. WHO NEGOTIATES AND SIGNS FOR SURETY BONDS AND WHO SIGNS FOR INSURANCE AND PAYROLL?</b> |       |       |
|                                                                                               | NAME  | TITLE |
| A. SURETY AND / OR PERFORMANCE BONDS                                                          | _____ | _____ |
| B. INSURANCE                                                                                  | _____ | _____ |
| C. PAYROLL                                                                                    | _____ | _____ |

25. ALL ORAL AND TACIT AGREEMENTS SHALL BE REDUCED TO WRITING AND SUBMITTED WITH THIS AFFIDAVIT. IF THERE ARE NO WRITTEN, ORAL, OR TACIT AGREEMENTS CONCERNING THE OPERATION OF THE COMPANY, PLEASE AFFIRM BY SIGNING BELOW.

"THERE ARE NO WRITTEN, ORAL OR TACIT AGREEMENTS CONCERNING  
THE OPERATION OF THE COMPANY BETWEEN ANY PERSONS  
ASSOCIATED WITH THE COMPANY"

\_\_\_\_\_  
SIGNATURE OF APPLICANT

FREEDOM OF INFORMATION: THE RELEASE OF STATE DOCUMENTS IS GOVERNED BY THE APPROPRIATE FEDERAL AND STATE REGULATIONS.

**FRAUD**

A PERSON MAY NOT: FRAUDULENTLY OBTAIN, RETAIN, ATTEMPT TO OBTAIN OR RETAIN, OR AID ANOTHER IN FRAUDULENTLY OBTAINING OR RETAINING OR ATTEMPTING TO OBTAIN OR RETAIN CERTIFICATION AS A MINORITY BUSINESS ENTERPRISE FOR THE PURPOSE OF THIS SUBTITLE:

WILLFULLY MAKE A FALSE STATEMENT, WHETHER BY AFFIDAVIT, REPORT, OR OTHER REPRESENTATION, TO A STATE OFFICIAL OR EMPLOYEE FOR THE PURPOSE OF INFLUENCING THE CERTIFICATION OR DENIAL OF CERTIFICATION OF ANY ENTITY AS A MINORITY BUSINESS ENTERPRISE:

FRAUDULENTLY OBTAIN, ATTEMPT TO OBTAIN, OR AID ANOTHER PERSON IN FRAUDULENTLY OBTAINING OR ATTEMPTING TO OBTAIN, PUBLIC MONIES TO WHICH THE PERSON IS NOT ENTITLED UNDER THIS SUBTITLE.

ANY PERSON WHO VIOLATES THE PROVISIONS OF SUBSECTION IS GUILTY OF A FELONY AND UPON CONVICTION IS SUBJECT TO IMPRISONMENT FOR A PERIOD OF NOT LONGER THAN 5 YEARS, OR FINE OF NOT MORE THAN \$ 10,000.00 OR BOTH.

A PERSON MAY NOT WILLFULLY MAKE FALSE STATEMENTS THAT ANY ENTITY IS OR IS NOT CERTIFIED AS A MINORITY BUSINESS ENTERPRISE FOR PURPOSES OF THIS SUBTITLE. ANY PERSON WHO VIOLATES THE PROVISIONS OF THIS SUBSECTION IS GUILTY OF A MISDEMEANOR AND UPON CONVICTION IS SUBJECT TO IMPRISONMENT FOR A PERIOD OF NOT MORE THAN 6 MONTHS, OR A FINE OF NOT MORE THAN \$500.00 OR BOTH. (TITLE 14, SECTION 14-308 OF THE STATE FINANCE AND PROCUREMENT ARTICLE OF THE ANNOTATED CODE OF MARYLAND)

I HAVE READ THE FRAUD STATUTE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

THIS DISCLOSURE AFFIDAVIT INCLUDES ALL MATERIAL INFORMATION NECESSARY TO IDENTIFY AND TO EXPLAIN THE OPERATIONS OF (NAME OF BUSINESS)

(HEREINAFTER "APPLICANT") IN ORDER TO DETERMINE IF APPLICANT IS A BONAFIDE MINORITY BUSINESS ENTERPRISE WHICH IS OWNED AND CONTROLLED BY MINORITIES IN ACCORDANCE WITH THE REQUIREMENTS OF THE MARYLAND DEPARTMENT OF TRANSPORTATION MINORITY BUSINESS ENTERPRISE PROGRAM MANUAL. FURTHER, THE UNDERSIGNED DOES COVENANT AND AGREE TO PROVIDE THE MARYLAND DEPARTMENT OF TRANSPORTATION INFORMATION REGARDING ACTUAL WORK PERFORMED ON A MARYLAND DEPARTMENT OF TRANSPORTATION PROJECT, THE PAYMENT THEREFORE, AND ANY PROPOSED CHANGES IN ANY OF THE ARRANGEMENTS HEREINABOVE STATED AND TO PERMIT AN AUDIT, TO INCLUDE INTERVIEW OF PRINCIPALS, EMPLOYEES, AND OFFICERS AND AN EXAMINATION OF THE BOOKS, RECORDS, AND FILES OF THE APPLICANT BY AUTHORIZED REPRESENTATIVES OF THE MARYLAND DEPARTMENT OF TRANSPORTATION OR THE FEDERAL GOVERNMENT PRIOR TO AND AFTER INCLUSION IN THE MARYLAND DEPARTMENT OF TRANSPORTATION MINORITY BUSINESS ENTERPRISE DIRECTORY AS DEEMED NECESSARY.

I ACKNOWLEDGE AND AGREE THAT REPRESENTATIVES OF THE MARYLAND DEPARTMENT OF TRANSPORTATION SHALL BE PERMITTED TO MAKE INQUIRIES OF CREDIT BUREAUS, BANKS, LENDING INSTITUTIONS, BONDING COMPANIES, VENDORS, SUPPLIERS, INSURANCE COMPANIES, AND PRIOR AND CURRENT CONTRACTORS CONCERNING THE FINANCIAL RESPONSIBILITY OF APPLICANT.

I ACKNOWLEDGE THAT THIS AFFIDAVIT IS TO BE FURNISHED TO THE SECRETARY OF THE MARYLAND DEPARTMENT OF TRANSPORTATION AND MAY BE DISTRIBUTED TO THE MARYLAND DEPARTMENT OF TRANSPORTATION MINORITY BUSINESS ENTERPRISE ADVISORY COMMITTEE AND MAY ALSO BE DISTRIBUTED TO BOARDS, COMMISSIONS, ADMINISTRATIONS, DEPARTMENTS AND AGENCIES OF: (1) THE STATE OF MARYLAND; AND (2) COUNTIES OR OTHER SUBDIVISIONS OF THE STATE OF MARYLAND; AND (3) OTHER STATES; AND (4) THE FEDERAL GOVERNMENT. I FURTHER ACKNOWLEDGE THAT THIS AFFIDAVIT IS SUBJECT TO APPLICABLE LAWS OF THE UNITED STATES AND THE STATE OF MARYLAND, BOTH CRIMINAL AND CIVIL, AND THAT NOTHING IN THIS AFFIDAVIT SHALL BE CONSTRUED TO SUPERSEDE, AMEND, MODIFY, OR WAIVE ON BEHALF OF THE MARYLAND DEPARTMENT OF TRANSPORTATION, THE MARYLAND BOARD OF PUBLIC WORKS AND ANY OTHER OFFICE OR AGENCY OF THE STATE OF MARYLAND HAVING JURISDICTION, THE EXERCISE OF ANY STATUTORY RIGHT OR REMEDY CONFERRED BY THE CONSTITUTION AND THE LAWS OF MARYLAND IN RESPECT TO ANY MISREPRESENTATION MADE OR ANY VIOLATION OF THE OBLIGATIONS, TERMS AND COVENANTS UNDERTAKEN BY THE ABOVE FIRM IN RESPECT TO THIS AFFIDAVIT.

I ACKNOWLEDGE AND AGREE THAT THE APPLICANT WILL BE REQUIRED TO APPEAR FOR INTERVIEW BY THE MARYLAND DEPARTMENT OF TRANSPORTATION MINORITY BUSINESS ENTERPRISE ADVISORY COMMITTEE.

I ACKNOWLEDGE THAT THE ELIGIBILITY OF THE APPLICANT FOR CERTIFICATION AS A MINORITY BUSINESS ENTERPRISE WILL BE DETERMINED AS OF THE DATE OF THE DISCLOSURE AFFIDAVIT, BASED ON THE INFORMATION AND DOCUMENTATION SUBMITTED HEREWITH, ANY CHANGES IN OWNERSHIP OR CONTROL MAY NOT BE CONSIDERED IN DETERMINING ELIGIBILITY.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT, AND THAT I AM AUTHORIZED, ON BEHALF OF THE ABOVE FIRM, TO MAKE THIS AFFIDAVIT.

DATE (MM/DD/YYYY)

SIGNATURE OF APPLICANT

TITLE

#### NOTARY CERTIFICATE

STATE OF: \_\_\_\_\_ COUNTY (CITY) OF: \_\_\_\_\_

ON THE: \_\_\_\_\_ OF \_\_\_\_\_ BEFORE ME. \_\_\_\_\_  
(DAY) (MONTH) (YEAR)

THE UNDERSIGNED OFFICER, PERSONALLY APPEARED \_\_\_\_\_ KNOWN TO ME TO BE PERSON DESCRIBED IN THE FOREGOING AFFIDAVIT AND ACKNOWLEDGED THAT HE (SHE) EXECUTED THE SAME IN THE CAPACITY THEREIN STATED AND FOR THE PURPOSES THEREIN CONTAINED AND THAT THE STATEMENTS CONTAINED THEREIN ARE TRUE AND CORRECT, IN WITNESS WHEREOF, I HEREUNTO SET MY HAND AND OFFICIAL SEAL.

SEAL

NOTARY PUBLIC \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_

**TTY (410) 865-1342; Indicate any special needs or alternative format request (interpreter, large print, Braille, etc.) by calling:**

**VOICE**  
**(410) 865-1269**  
**1-800-544-6056**

**TTY**  
**(410) 865-1342**

**FAX NUMBER**  
**(410) 865-1309**

**INTERNET**  
**www.mdot.maryland.gov**

### Statement of Disadvantage

Socially disadvantaged individuals are those who have been subjected to racial or ethnic prejudice or cultural bias within American society because of their identities as members of groups and without regard to their individual qualities. Economically disadvantaged individuals are socially disadvantaged individuals whose 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 disadvantaged. An individual whose personal net worth exceeds **two million seventy-three thousand four hundred twelve dollars (\$2,073,412)** is not economically disadvantaged.

I hereby certify that I have read and understand the above statement and that I am both socially and economically disadvantaged.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

State of Maryland

)

)

**TO WIT:**

\_\_\_\_\_  
COUNTY

)

I HEREBY CERTIFY, that on the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, before the subscriber, a notary public of the State of Maryland, in and for the County aforesaid, personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_