



THREE YEAR CERTIFICATION REVIEW

- DISADVANTAGED BUSINESS ENTERPRISE
- AIRPORT CONCESSION DISADVANTAGED BUSINESS ENTERPRISE
- SMALL BUSINESS ENTERPRISE
- SMALL BUSINESS ENTERPRISE CONCESSIONS

Note: By submittal of this application, applicant acknowledges that information and documents contained in this application may be subject to review by consultants retained by the Department of Aviation.

INSTRUCTIONS: Applicants must submit a fully completed application which includes all required documentation. Each disadvantaged owner must submit a Declaration of Eligibility. Each socially and economically disadvantaged individual who owns 51% or more of the ownership percentage must complete a Personal Net Worth Statement Form. Applicant must also submit Federal Tax Returns (or extension) filed by the firm and its affiliates with related schedules for the past year, and each disadvantaged owner must provide Personal Tax Returns for the last three (3) years. In addition, please submit any loans taken out for the business in the last three (3) years. Note that if tax returns are unavailable the following documents may generally be considered "safe harbors," provided that they include all reportable receipts, properly calculated, for the full reporting period: audited financial statements, a CPA's signed attestation of correctness and completeness, or all income-related portions of one or more (when there are affiliates) signed Federal income tax returns as filed. Non-compliance, whether full or partial, is a § 26.109(c) failure to cooperate.

1. FIRM PROFILE

- A. Name of Firm: _____
- B. Federal Identification Number: _____ +
- C. Contact Person: _____ Title: _____
- D. Business Address: (No P.O. Box) _____
- E. Mailing Address: _____
- F. Contact Information: Business: () - , ext. Cell: () -
Fax: () -
Email Address: _____
Business Website: _____

3. OWNERSHIP – Have there been any changes in ownership or structure of the company during the past three years?

- No Yes - Description of change: _____
(Complete A, B, and/or C as applicable)

- A. Ownership Percentage: _____% Woman _____% Minority
- B. Type of Ownership: Sole Proprietor Partnership Corporation LLC
 Joint Venture Other Business Entity: