

Small Business Enterprise Verification Application

49 CFR 26.39 and 49 CFR 23.26

A firm wishing to verify its status as a Small Business Enterprise (SBE) or Airport Concession Small Business Enterprise (ACSBE) must complete this application and submit it to the Philadelphia International Airport (PHL) for review and determination of its eligibility.

Forward completed applications and required documents to

OBE@PHL.org

Should I apply?

- Is the firm at least 51%-owned by an economically disadvantaged individual(s) who also controls the firm? An economically disadvantaged owner is one whose personal net worth is less than \$2.047 million (equity in a person's principal residence, a person's equity in the applicant firm, and their retirement accounts do not count towards assets for this calculation).
- Is the economically disadvantaged owner(s) a U.S. citizen or lawfully admitted permanent resident of the U.S.?
- Is the firm a small business that meets the Small Business Administration's (SBA's) size standard related to its North American Standard Classification Code(s) **and** does not exceed USDOT's overall size standard (\$30.72 million in average annual gross receipts for SBEs or \$56.42 million in average annual gross receipts for ACSBEs)?
- Is the firm organized as a for-profit business?

⇒ If you answered Yes to all of the questions above, you may be eligible to participate in PHL's SBE or ACSBE program.

If your firm is currently certified as a Disadvantaged Business Enterprise (DBE) or Airport Concession DBE (ACDBE) by the Pennsylvania UCP (<https://paucp.dbesystem.com>), you do not have to complete this application. All Pennsylvania UCP DBEs and ACDBEs are automatically considered SBEs and migrated into PHL's SBE database.

Verification is **free**. There is no fee for applying for SBE verification with PHL. Under Sec. 26.107 of 49 CFR Part 26, if at any time, PHL has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, PHL may initiate suspension or debarment proceedings against the person or firm under 49 CFR Part 29, take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.

Section 1: Certification and Contact Information

A: Certification Requested (check all that apply):

Small Business Enterprise (SBE) _____ Airport Concession Small Business Enterprise (ACSBE) _____

B: Basic Contact Information

(1) Contact person's name and title:

(2) Legal name of firm: _____

(3) Business Phone #: _____

(4) Other Phone #: _____

(5) Fax#: _____

(6) E-mail: _____

(7) Firm Website: _____

(8) Street address of firm (No P.O. Box):

(9) City: _____ State: _____ Zip: _____

Section 2: GENERAL INFORMATION

A. Business Profile: (1) Give a concise description of the firm's primary activities and the product(s) or service(s) it provides. If your company offers more than one product/service, list the primary product or service first. This description may be used in databases and directories of small businesses.

(2) NAICS Codes ([SBA NAICS Codes and Table of Size Standards](#)) for this line of work include:

_____, _____, _____, _____, _____, _____

(3) This firm was established on (month/year): _____

(4) Is the firm "for profit"? ___ Yes Federal Tax ID# _____

NO? STOP! If the firm is NOT for profit, it does NOT qualify for this program and should not fill out this application.

(5) Type of Legal Business Structure:

- ☐ Sole Proprietorship
☐ Limited Liability Partnership
☐ Partnership
☐ Corporation
☐ Limited Liability Company
☐ Other (describe): _____

(6) Number of employees: _____ Full-time _____ Part-time _____ Seasonal _____ Total

B: Business Size: Specify the firm's gross receipts for the last 5 years. (Submit complete copies of the firm's federal tax returns for each year for the applicant firm and any affiliates.)

Year __ Applicant Firm Gross Receipts \$ _____ Affiliate Firms Gross Receipts \$ _____
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 Year ____ Applicant Firm Gross Receipts \$ _____ Affiliate Firms Gross Receipts \$ _____

C: Ownership: Identify all individuals or holding companies with any ownership interest in the firm, providing the information requested below. (**Attach additional sheets if there are more than two owners**).

Owner #1

- (1) Name: _____ (2) Title: _____
 (3) Home Phone#: _____
 (4) Home Address: _____
 (5) U.S. Citizen? **Yes**____ **No**____ or Lawfully Admitted Permanent Resident? **Yes**____ **No**____
 (6) Number of Years as Owner: _____
 (7) Percentage Owned: _____

Owner #2 (if applicable)

- (1) Name: _____ (2) Title: _____
 (3) Home Phone#: _____
 (4) Home Address: _____
 (5) U.S. Citizen? **Yes**____ **No**____ or Lawfully Admitted Permanent Resident? **Yes**____ **No**____
 (6) Number of Years as Owner: _____
 (7) Percentage Owned: _____

At least 51% of the firm must be owned by an economically disadvantaged individual or individuals. Those individuals must have a Personal Net Worth less than \$2.047 Million and complete a Personal Net Worth form (attached).

AFFIDAVIT OF VERIFICATION

This form must be signed for each owner upon which economic disadvantaged status is relied.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF SBE/ACSB E STATUS, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I recognize that the information submitted in this application is for the purpose of inducing SBE/ACSB E status approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its place(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of SBE status.

I agree to provide written notice to the Philadelphia Department of Aviation of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.). I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of SBE/ACSB E status; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I certify that my personal net worth does not exceed \$2.047 Million, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not economically disadvantaged. I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

(Signature of Affiant)

Date

(Printed Name of Affiant)

(Title)

(Applicant Firm Name)

SBE VERIFICATION APPLICATION SUPPORTING DOCUMENTS CHECKLIST

In order to complete your application for SBE/ACSBE status, you must attach copies of all of the following documents as they apply to you and the applicant firm.

All Applicants

___ Personal Net Worth (PNW) Statement (form included with this application) for each owner on whose economic disadvantage the SBE/ACSBE certification is relied upon

___ Federal Personal tax returns (including all schedules) for the past five years, for each owner noted above

___ Firm's Federal tax returns (gross receipts), including all related schedules, for the past five years

___ Affiliate firm's Federal tax returns (gross receipts), including all related schedules, for the past five years

Personal Net Worth Statement

As of _____

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

Personal Net Worth: \$

Worksheets

Worksheet 1—List Cash and Cash Equivalents (checking or savings accounts CDs etc.) (Attach additional sheets as necessary)

Cash/Account	Balance

Total _____

Worksheet 2—Investment Accounts and Individual Securities (e.g., Brokerage and Custodial accounts, stocks, bonds) (Full Value) (Attach additional sheets as necessary)

Account or Security Name and Number	Value

Total _____

Worksheet 3—Real Estate Other than Primary Residence (Attach additional sheets as necessary)

	Property 1	Property 2	Property 3
Type of Property			
Address			
Date Acquired			
Purchase Price			
Present Market Value			
Source of Market Valuation			

Total _____

Worksheet 4—Personal Property and Other Assets (Attach additional sheets as necessary)

Type of Property or Asset	Is this asset insured?	Value
Vehicles (e.g., cars, trucks, recreational vehicles, motorcycles, boats, etc.) and titled in your name or of which you are the primary operator. (Itemize)		
Household Property (total value)		
Artwork (total value)		
Jewelry (total value)		
Other collectables (total value)		
Amounts owed to you (e.g., loans to others, including companies) (Itemize)		
Other (e.g., livestock, farm equipment, greenhouse)		

Total _____

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

	Business 1	Business 2	Business 3	Business 4
Business name				
Address				
Value				

Total _____

Worksheet 6— Life Insurance (do not list term life insurance) (Attach additional sheets as necessary)

Policy	Insurance Company	Cash Surrender Amount

Total _____

Worksheet 7—Amounts Owed to You (loans to other individuals and entities including applicant firm) (Attach additional sheets as necessary)

Debtor	Description	Balance

Total _____

Worksheet 8—Assets Held in Trust (Attach additional sheets as necessary)

Trust Name	Description/Additional Information	Value

Total _____

Worksheet 9— Assets Transferred to Related Parties Within the Past Two Years (Attach additional sheets as necessary.

Asset	Description	Value

Total _____

Worksheet 10—Mortgages on Real Estate Other Than Primary Residence (Itemize by loan, attaching additional sheets if necessary)

	Property 1	Property 2	Property 3
Type of Property			
Address			
Name of all Mortgage Holders			
Loan Balance			

Total _____

Worksheet 11— Loan on Life Insurance (do not list term life insurance) (Attach additional sheets as necessary)

Policy	Insurance Company	Loan Amount

Total _____

Worksheet 12—Other Liabilities (Attach additional sheets as necessary)

Type of Debt	Creditor	Amount of Liability (Balance)
Loans on Motor Vehicles (itemize)		
Loans Secured by Property Other Than Real Estate or Vehicles		
Loans Secured by Property Other Than Real Estate or Vehicles		
Unpaid Taxes (fixed in amount and currently due)		
Any Other Amount, Not Reported Above, That You Currently Owe (itemize and describe)		

Total _____

Worksheet 13—Retirement Accounts (Attach additional sheets as necessary)

Account Name	Value

Total _____

Worksheet 14--Primary Residence

Address	
Date Acquired	
Purchase Price	
Market Value	
Source of Market Valuation	

Declaration

I declare under penalty of perjury that the information provided in this personal net worth statement and supporting documents is complete, true and correct. I declare that no assets have been transferred to any beneficiary for less than fair market value in the last two years. I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application and this personal net worth statement, and I authorize such agency to contact any entity named in the application or this personal financial statement, including the names banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility. I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

Signature (SBE/ACSBE Owner)_____
Date

INSTRUCTIONS

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

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

Provide all Worksheets. Provide documents to support each entry. If you have any questions about completing this form, contact the certifying agency.

Assets

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

Cash and Cash Equivalents: Enter total from Worksheet 1.

Investment Accounts and Individual Securities: Enter total from Worksheet 2.

Real Estate: Enter total from Worksheet 3.

Personal Property and Other Assets: Enter total from Worksheet 4.

Ownership in Other Businesses: Enter total from Worksheet 5.

Life Insurance: Enter total from Worksheet 6.

Amounts Owed to You: Enter total from Worksheet 7.

Assets Held in Trust: Enter total from Worksheet 8.

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

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

Liabilities

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

Mortgages: Enter total from Worksheet 10.

Loans on Life Insurance: Enter total from Worksheet 11.

Other Liabilities: Enter total from Worksheet 12.

Other Information

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

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

Declaration

You must sign and date the statement.