



**ALABAMA
UNIFIED
CERTIFICATION
PROGRAM**

**Alabama Department of Transportation
Alabama State Port Authority
Birmingham Airport Authority
City of Mobile**

TO: UCP Members
FROM: ALUCP Members
DATE: March 31, 2026
SUBJECT: DBE Program Regulatory Changes

The last memo distributed was intended to make you aware of recent changes issued by the U.S. Department of Transportation in the form of an Interim Final Rule (IFR), published on October 3, 2025, regarding the Disadvantaged Business Enterprise (DBE) Program.

In summary, the IFR ensures that the U.S. Department of Transportation (USDOT) operates its DBE and Airport Concession Disadvantaged Business Enterprise (ACDBE) Programs in a nondiscriminatory manner consistent with applicable law and the U.S. Constitution. The IFR removes race and gender-based presumptions of social and economic disadvantage. Pursuant to 49 CFR 26.67(a)(1) and 49 CFR 23.9(a)(1), all applicants must affirmatively demonstrate social and economic disadvantage (SED) based on their individual experiences and circumstances within American society, without regard to race or gender.

The IFR also states that all firms will temporarily lose their certifications until the reevaluation process is complete. To be classified as a DBE and included in the ALUCP DBE Directory, your firm must meet the new criteria.

If your firm no longer wishes to participate in the program, it must submit a Voluntary Decertification Affidavit. This form must be notarized, and the notary seal must be clearly visible on the emailed copy. Please note that upon voluntary decertification, your firm will be removed from the DBE Directory and may no longer represent itself as a certified DBE.

If your firm intends to continue participation in the program under the new guidelines in 49 CFR Part 26 and 49 CFR Part 23, a socially and economically disadvantaged owner (SEDO) must submit all required documentation by emailing the completed materials to the sender of this notice. Your firm must provide the following:

- 1) A Personal Narrative (PN) establishing disadvantage by a preponderance of the evidence, supported by individualized documentation of specific instances of economic hardship, systemic barriers, or denied opportunities that impeded the owner's progress or success in education, employment, or business (including access to financing on terms available to similarly situated non-disadvantaged individuals). The PN must also explain how and to what extent these impediments caused economic harm, including a full description of the type and magnitude of such harm, and must establish that the owner is economically disadvantaged relative to similarly situated non-disadvantaged individuals.
- 2) A Personal Net Worth (PNW) statement from each owner upon whom the firm relies for certification. The certifying agency may request additional information on a case-by-case basis to verify the accuracy and completeness of the PNW statement.
- 3) Business tax returns for the previous three (3) years, if not previously submitted.
- 4) A Declaration of Eligibility (DOE) form from each SEDO.

Please find the reevaluation packet attached. All required documentation must be submitted within forty-five (45) days of this notice. Failure to submit the required materials by the submission date will result in your firm remaining ineligible for DBE participation credit. We appreciate your patience and cooperation during this transition.

Sincerely,

Jeremiah Baileynemard
ALDOT DBE Liaison Officer

cc: Alabama Department of Transportation (ALDOT)
Alabama State Port Authority
Birmingham Airport Authority
City of Mobile

Attachments:

- ALUCP DBE Program Regulatory Changes
Packet

ALABAMA UNIFIED CERTIFICATION PROGRAM
Disadvantaged Business Enterprise
VOLUNTARY DECERTIFICATION AFFIDAVIT

The purpose of this form is to provide certified firms with the means to voluntarily decertify from the Alabama DBE Unified Certification Program should they wish to do so. Completed forms must be signed, dated, notarized, and emailed to: DBEprogram@dot.state.al.us. The notary seal must be clearly visible in the emailed copy. If the notary seal is not clearly visible, the notarized original must be mailed to: DBE program 1409 Coliseum Blvd, Ste G101 Montgomery, AL 36110.

Firm Name: _____

DBE Certification #: _____

The undersigned, on behalf of the above named firm, has requested decertification from the ALUCP and removal of the firm's name from the Alabama list of certified DBEs. In addition, the undersigned, on behalf of the firm, has agreed to the following conditions of voluntary decertification:

1. The above named firm is decertified as a DBE, effective on the date of this agreement. As a result of the decertification, its name will be removed from the Alabama list of certified DBEs;
2. The firm will no longer be represented as a Certified DBE on the ALUCPs website;
3. All procedural steps concerning decertification have been waived (e.g., proposed decertification by the ALUCP) and all rights to seek judicial review or otherwise to challenge the decertification, since it was voluntary, have been waived;
4. The firm will not submit an offer on or receive award of any ALUCP contract or subcontract as a DBE starting from the date of this agreement;
5. The firm is obligated to complete all federally funded contracts previously awarded as a DBE, including modifications within the scope and price options which may be exercised;
6. The ALUCP has the authority under 49 CFR §26.87 and 49 CFR §23 to decertify this firm;
7. The firm may seek DBE certification through the ALUCP no sooner than one (1) year from the date of this agreement;
8. I am authorized to represent this firm and sign this agreement on its behalf.

Check all that apply as the reason for voluntary decertification (check at least one):

- Lack of DBE contracting opportunities
- Firm is no longer in business
- Firm is no longer a small business concern 49 CFR §26.65 and 49 CFR §23
- Firm no longer meets the social and economic disadvantage requirement 49 CFR §26.67 and 49 CFR §23
- Concern is no longer owned and/or controlled at least 51% by socially and economically disadvantaged individuals (or no longer meets the other ownership and control requirements, as applicable to the business concern) 49 CFR § 26.69 and 49 CFR § 26.71 and 49 CFR §23
- Other _____

Signature: _____ **Date:** _____

State of _____

County of _____

On this _____ day of _____, 20____, before me, _____ personally appeared known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed and acknowledged that he/she/they executed the same as the act of his/her/their principal for the purposes therein contained.

WITNESS my hand and official seal.

Notary Public: _____ Commission Expires: _____

Purpose of the Personal Narrative

The purpose of the Personal Narrative (PN) is to demonstrate individualized Social and Economic Disadvantage (SED) in accordance with the USDOT Interim Final Rule that became effective on October 3, 2025.

Under the IFR, all previously certified Disadvantaged Business Enterprises (DBE) and Airport Concessions Disadvantaged Business Enterprises (ACDBE) are required to submit an individualized narrative. This narrative must provide clear, factual, and verifiable information describing personal experiences of disadvantage.

The Personal Narrative replaces the prior reliance on presumed disadvantage based on membership in certain protected groups.

Guidelines

When preparing your Personal Narrative, please adhere to the following guidelines:

1. Write in your own words.
The narrative must be written by the majority owner(s) whose disadvantage is being claimed.
 2. Be honest, factual, and specific.
Describe real events, including dates or time frames, locations, and individuals or organizations involved. It can be from any point in the owner's life within American society. Supporting documentation should be referenced where available.
 3. Do not cite race, ethnicity, or gender.
These characteristics may not be used as a rebuttable presumption for disadvantage under the new rule.
 4. Focus on personal experiences.
Describe barriers to access, opportunity, or advancement in:
 - Education
 - Employment
 - Business formation or growth
 5. Remain organized and concise.
The narrative should be detailed enough to clearly explain each experience without unnecessary repetition.
 6. Reference supporting documentation.
Provide evidence that supports your claims (e.g., loan denials, rejection letters, financial records).
-

Required Narrative Content

Your Personal Narrative should describe one or more significant SED experiences. Each experience must clearly demonstrate disadvantage and its impact on your education, employment, or business history (including current or previously owned firms).

Areas of Consideration

1. Education

- Limited access to quality schools, guidance, or mentorship
 - Denial of equal access to institutions of higher education
 - Exclusion from social or professional associations with students or educators
 - Denial of educational honors rightfully earned
 - Social patterns or pressures that discouraged pursuit of professional or business education, including but not limited to:
 - Unsheltered or low-income status
 - Limited English proficiency
 - Rural geography
 - Grooming or dress requirements
-

2. Employment

- Limited advancement opportunities
 - Unequal treatment in hiring, promotions, pay, fringe benefits, or working conditions
 - Retaliation by an employer
 - Social patterns or pressures that channeled the individual into non-professional or non-business fields
-

3. Business History

- Economic hardship or unequal access to credit or capital
 - Obtaining credit or capital under commercially unfavorable conditions
 - Exclusion from business or professional organizations
 - Limited opportunities to scale due to lack of exposure, mentorship, or resources
 - Difficulty establishing credibility with lenders, suppliers, or prime contractors
-

Required Incident Format

For each incident described in your narrative, clearly explain who, what, where, when, why, and how the disadvantage occurred. Incidents are most easily evaluated when presented in the following order:

1. Who
Identify who committed the action that caused the disadvantage (e.g., an individual, organization, or institution). Specific names are preferred but not required.
2. What
Describe the specific conduct or action that resulted in disadvantage.
3. Where
Identify where the disadvantage occurred. The incident must have taken place within American society.
4. When
Identify when the disadvantage occurred. Exact dates are preferred but not required if a clear time frame is provided. Disadvantage may have occurred at any point in your life.
5. Why
Explain why the conduct was more likely the result of a systemic barrier or disadvantage, rather than unrelated or neutral circumstances. A general assertion alone is not sufficient.
6. How
Explain how the disadvantage affected your ability to enter into or advance in the business world.

Note: Offensive or inappropriate conduct alone is insufficient unless it resulted in a tangible negative impact.

Certification Statement

Conclude your Personal Narrative with the following certification:

“I certify that the information provided in this narrative is true and correct to the best of my knowledge.”

Include:

Business name

Owner’s printed name

Signature

Date



DBE/ACDBE PNW Statement

Paperwork Reduction Act Burden Statement

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

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

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

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

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

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

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



INSTRUCTIONS

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

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

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.



Personal Net Worth Statement

As of _____

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

| | | | |
|--|--------------|---|--------------|
| Name | | | |
| Residence (As reported to the IRS) Address, City, State, and Zip Code | | | |
| Company's Legal Name | | Phone: | |
| Marital Status: Single <input type="checkbox"/> Married/Domestic Partnership <input type="checkbox"/> | | 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 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 (DBE/ACDBE Owner)

Date



DECLARATION OF ELIGIBILITY

This form must be signed by *EACH OWNER* upon whose disadvantaged status the firm relies for certification.

A FALSE STATEMENT OR MATERIAL OMISSION MADE IN CONNECTION WITH THIS SUBMISSION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, DECERTIFICATION, OR SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE UNDER FEDERAL AND STATE LAW.

I _____ (full name printed), declare under penalty of perjury that I am _____ (title) of the firm _____, all of the foregoing information and statements submitted for eligibility are true, correct, and complete to the best of my knowledge. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this material is for the purpose of inducing certification 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 material, and I authorize such agency to contact any entity named in certification material, 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 places(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 or decertification.

If awarded a contract, subcontract, concession lease or sublease, as detailed in § 26.55, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency, on an ongoing basis, current, complete and accurate information regarding my firm's (1) commercially useful function (CUF) performed on the project or concession lease; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to notify the certifying agency of a material change in circumstances that affects my firm's eligibility within 30 days of its occurrence, explain the change fully, and include a duly executed Declaration of Eligibility (this form) with the notice.

I acknowledge and agree that any misrepresentations in certification materials or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or

decertification; suspension and debarment; and for initiating action under federal and/or state law.

I declare that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Disadvantaged Business Enterprise or Airport Concession Disadvantaged Business Enterprise. ~~In support of my application, I declare that I am a member of one or more of the following groups, and that I have held myself out as a member of the group(s). (Check all that apply):~~

- ~~Women~~ ~~Black American~~ ~~Hispanic American~~
- ~~Native American~~ ~~Asian Pacific American~~
- ~~Subcontinent Asian American~~
- ~~Other pursuant to 49 CFR § 26.67(d)~~

I declare that I am socially disadvantaged because ~~I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified above, without regard to my individual qualities. and meet the requirements of 49 CFR 26.67(a)(1)(2)(3) & 49 CFR 23.~~

The words that are lined through in red no longer meet the requirements of 49 CFR 26.67 (a)(1)(2)(3) & CFR 23.

I further declare that my personal net worth does not exceed the DBE program's limit posted on <https://www.transportation.gov/DBEPNW>, 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 socially and economically disadvantaged.

PURSUANT TO 28 USC § 1746:
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. EXECUTED ON _____

SIGNATURE _____
(OWNER)

DBE REEVALUATION CHECKLIST

SECTION 1 — PERSONAL NARRATIVE (PN)

| Requirement | Yes | No |
|----------------------------------|--------------------------|--------------------------|
| Signed & dated | <input type="checkbox"/> | <input type="checkbox"/> |
| Identifies basis of disadvantage | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 2 — PERSONAL NET WORTH (PNW) STATEMENT

| Requirement | Yes | No |
|-----------------------------------|--------------------------|--------------------------|
| Signed & dated | <input type="checkbox"/> | <input type="checkbox"/> |
| Supporting documentation attached | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 3 — LAST THREE YEARS BUSINESS TAX RETURNS

Unless previously submitted.

| Requirement | Yes | No |
|---------------------------------|--------------------------|--------------------------|
| 3 most recent consecutive years | <input type="checkbox"/> | <input type="checkbox"/> |
| All schedules included | <input type="checkbox"/> | <input type="checkbox"/> |
| Signed | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 4 — DECLARATION OF ELIGIBILITY (DOE)

| Requirement | Yes | No |
|-------------|--------------------------|--------------------------|
| Signed | <input type="checkbox"/> | <input type="checkbox"/> |