ALABAMA UNIFIED CERTIFICATION PROGRAM

Alabama Department of Transportation
Alabama State Port Authority
City of Mobile

To: Home-state DBE/ACDBE Firms
From: ALUCP
Date: 9-28-26
Subject: Reevaluation Status and Required Documentation Under the Final Rule

The U.S. Department of Transportation has issued a final rule that establishes updated requirements for demonstrating social and economic disadvantage during the reevaluation process. In response to the final rule, The ALUCP is reviewing reevaluation determinations to ensure they are consistent with the updated requirements.

If your firm has already been successfully reevaluated, meaning you received a memo that did not disqualify you based on reevaluation, then no action is required at this time. Your firm's reevaluation has been completed, and your certification status remains in effect, subject to all applicable program requirements.

If your firm was disqualified during the reevaluation process, meaning you received a letter stating that you did not successfully make it through the reevaluation process. The ALUCP will review your case again in light of the final rule and its updated standards.

The final rule clarifies that the reevaluation process is not a full recertification review. Rather, it requires firms to establish the socially and economically disadvantaged status of the qualifying owner(s) through a Personal Narrative (PN) and Personal Net Worth (PNW) Statement. The Personal Narrative must provide individualized information concerning specific instances of economic hardship, social barriers, or denied opportunities that impeded the owner's progress or success in education, employment, or business.

If your firm was previously disqualified, you do not need to submit a new appeal solely because of the prior reevaluation determination. We will reassess the prior determination using the requirements and guidance provided in the final rule. Your assigned Equal Employment Officer (EEO) may contact your firm if additional information or documentation is needed to complete this review.

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 Please note that upon voluntary decertification, your firm will be removed from the DBE/ACDBE Directory and may no longer represent itself as a certified DBE/ACDBE.

Firms that have not yet submitted the required reevaluation documentation must provide the following materials:

- A completed Personal Narrative for each qualifying owner.
- A current Personal Net Worth statement for each qualifying owner.
- Any additional relevant supporting documentation the owner wishes to provide.

The ALUCP will be complete with its reevaluation by December 24, 2026. If your firm has not submitted the required documentation before March 24, 2027, this will serve as your final written notice of nonresponse. After this date, your firm will be disqualified from the DBE/ACDBE Program.

Sincerely,
Jeremiah Baileynemard
ALDOT DBE Liaison Officer

Jeremiah Baileynemard

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

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 Final Rule that became effective on September 25, 2026.

Under the FR, all previously certified Disadvantaged Business Enterprises (DBE) and Airport Concessions Disadvantaged Business Enterprises (ACDBE) are required to submit a Personal Narrative. This PN must provide clear and factual 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.
3. Race and gender, are characteristics that shall not be used as a rebuttable presumption for disadvantage under the final rule. However, we will consider the individual experiences and circumstances, including discrimination, social barriers, and economic disadvantage, that is written in the Personal Narrative.
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.

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

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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

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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

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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 social 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

U.S. Department of Transportation

OMB APPROVAL NO: 2105-0586
EXPIRATION DATE: (05/31/2027)

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.

U.S. Department of Transportation

OMB APPROVAL NO: 2105-0586
EXPIRATION DATE: (05/31/2027)

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.

U.S. Department of Transportation

OMB APPROVAL NO: 2105-0586
EXPIRATION DATE: (05/31/2027)

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 ☐ 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)			
Total Assets:	$ 0.00	Total Liabilities:	$ 0.00

Personal Net Worth: $ 0.00

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 (DBE/ACDBE Owner) Date