



## ANNUAL CERTIFICATION REVIEW

- ☐ **DISADVANTAGED BUSINESS ENTERPRISE (DBE)**
- ☐ **AIRPORT CONCESSION DISADVANTAGED BUSINESS ENTERPRISE (ACDBE)**
- ☐ **SMALL BUSINESS ENTERPRISE (SBE)**

Name of Firm:			
Contact Person:			
Business Address: (No P.O. Box)			
Mailing Address (If different from mailing address)			
Business Phone:	(     )	Cell Phone:	(     )
Fax Number:	(     )	Email Address:	

### REQUIRED DOCUMENTATION/ATTACHMENTS

- ☐ Federal Tax Returns for applicant firm (and all affiliates), including all schedules for the last year.
  - ☐ Extension has been filed – A copy of the extension is required.  
*Please note that if an extension was filed and provided with the ACDBE/DBE review form last year, you must now provide a complete copy of last year's tax returns.*
  - ☐ N/A - No taxes were filed for last year as the firm has been operating for less than a year. The firm commenced operations on     .

*Note: 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 CPS'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 Section 26.109(c) failure to cooperate.*

- ☐ No Change Declaration

## NO CHANGE DECLARATION

I \_\_\_\_\_ (Individual's Name), declare that there have been no changes in \_\_\_\_\_'s (Firm Name) circumstances affecting its ability to meet the size standards, disadvantaged status, ownership, or control requirements of 49 CFR Part 23, Part 26 and 13 CFR Part 121. I further declare there have been no material changes in information provided with \_\_\_\_\_'s (Firm Name) application as a ☐ DBE or ☐ ACDBE (check applicable box), except for any changes that I have provided via written notice to the Clark County Department of Aviation pursuant to 49 CFR § 26.83(i).

### **DISADVANTAGED BUSINESS ENTERPRISE (DBE)**

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 in 49 CFR § 26.5, without regard to my individual qualities. I further declare 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. In addition, I specifically declare that my firm continues to meet the Small Business Administration (SBA) business size criteria and overall gross receipts cap of 49 CFR Part 26. I specifically declare that the average annual gross receipts (as defined by SBA rules) over the previous three fiscal years do not exceed \$30.40Million. I provide the attached size and gross receipts documentation to support this declaration. I declare that under penalty of perjury that the foregoing is true and correct.<sup>1</sup>

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Signature

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Date

### **AIRPORT CONCESSIONS DISADVANTAGED BUSINESS ENTERPRISE (ACDBE)**

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 in 49 CFR § 26.5, without regard to my individual qualities. I further declare 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. In addition, I specifically declare that my firm continues to meet the Small Business Administration (SBA) business size criteria and overall gross receipts cap of 49 CFR Part 26 and Part 23. I specifically declare that the average annual gross receipts (as defined by SBA rules) over the previous three fiscal years do not exceed \$56.42 Million. I provide the attached size and gross receipts documentation to support this declaration. I declare that under penalty of perjury that the foregoing is true and correct.<sup>1</sup>

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Signature

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Date

## Declaration

I declare under the 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.

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Signature of Owner

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Date