

SCHEDULE D

**DBE RECERTIFICATION APPLICATION
CHECKLIST**

Review of supporting documents for recertification:

- Sole Proprietorship/Individual Partnership Corporation
 Joint Venture Limited Liability Company (LLC)
 Limited Liability Partnership (LLP)

NAME OF BUSINESS: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE: _____ FAX: _____

E-MAIL: _____

SUPPLY THE FOLLOWING ITEMS:

1. Notarized Affidavit
2. Affidavit of Personal Net Worth
3. Signed copy of previous year's Internal Revenue Service Tax Return
4. Documentary evidence of any changes in organization, ownership and/or control

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DESIGNATION OF CONFIDENTIALITY

BE IT KNOWN that the New Orleans Aviation Board and _____
Name of Person/Entity
person, partnership, joint venture, limited liability company, limited liability partnership, or corporation doing
business in the State of Louisiana, do hereby mutually declare and designate:

All business, financial and proprietary records, as well as information, data or research work reflecting
written memorialization of oral information relating to the business practices of and personal history of
_____ in order to facilitate the public purpose of the New Orleans
Owner
Aviation Board, specifically for purposes of DBE certification, as private and confidential and the undersigned
entity communicates such information with the expectation and on the condition that it be used and maintained on a
confidential basis only, and that it will not be disclosed to an unauthorized person(s) or entity(ies).

_____, Louisiana, this _____ day of _____,
_____.

Designating Entity

BY: _____
Signature

TITLE: _____

Philistine Glapion-Ferrand
DBE Liaison Officer
New Orleans Aviation Board

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OPERATIONS

List all projects performed by your firm over the past three (3) years. A separate sheet may be used if necessary. Specifically detail those projects which demonstrate your expertise in the area of certification requested. Also, list all projects your firm failed to complete, if any, and give an explanation for that failure.

NAME OF AWARDDING AUTHORITY/COMPANY	DOLLAR AMOUNT OF CONTRACT	DATE OF PROJECT COMPLETION	TYPE OF WORK PERFORMED

List all projects/jobs this firm is currently performing.

NAME OF AWARDDING AUTHORITY/ COMPANY	DOLLAR AMOUNT OF CONTRACT	LOCATION OF PROJECT	PROJECT START DATE	ANTICIPATED COMPLETION DATE

List any equipment your firm has obtained during the past three (3) years. Provide proof of purchase and copies of title(s) and/or registration(s), lease and rental agreements. A separate sheet may be used if necessary.

TYPE OF EQUIPMENT	DOLLAR AMOUNT OF CONTRACT	QUANTITY

Name of Bonding Company: _____

Bonding Limit: _____

Have you renewed your firm's contractors' license?

Yes No License No. _____

Have you added any additional work classifications to your license?

Yes No

If yes, please provide the following information along with a copy of your firm's contractors' license showing the new work classifications.

CLASSIFICATIONS ADDED	QUALIFYING PARTY FOR LICENSING EXAM

CONTROL

CAREFULLY COMPLETE THE ITEMS LISTED BELOW, EVEN IF NO CHANGE HAS OCCURRED.

Indicate management personnel who control the firm in the following areas. Attach work experience resumes for each person, including date of employment at each company for each person.

Financial Decisions: responsibility for check signing, acquisition of lines of credit/loans, surety; bonding; supplies, etc.

PERSON(S) RESPONSIBLE	TITLE	RACE/GENDER

Estimating: cost estimates, bid preparation, or negotiations.

PERSON(S) RESPONSIBLE	TITLE	RACE/GENDER

Hiring/Firing of Management Personnel:

PERSON(S) RESPONSIBLE	TITLE	RACE/GENDER

Field/Production Operations Supervisor: site supervision; scheduling project management services

PERSON(S) RESPONSIBLE	TITLE	RACE/GENDER

Field Superintendents:

PERSON(S) RESPONSIBLE	TITLE	RACE/GENDER

Contract Execution Authority: list all persons authorized to execute contracts and to submit bids

PERSON(S) RESPONSIBLE	TITLE	RACE/GENDER

Office Management:

PERSON(S) RESPONSIBLE	TITLE	RACE/GENDER

Marketing Sales:

PERSON(S) RESPONSIBLE	TITLE	RACE/GENDER

Did you supply the following items?

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Notarized Affidavit |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Affidavit of Personal Net Worth |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Signed copy of previous year's Internal Revenue Service Tax Return |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Documentary evidence of any changes in organization, ownership and/or control |

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AFFIDAVIT

STATE OF _____

COUNTY/PARISH OF _____

The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of _____

Name of Firm

as well as the ownership thereof. Further, the undersigned agrees to provide to the prime contractor, or, if no prime, directly to the NOAB, current, complete and accurate information regarding actual work performed on the project, the payment therefore, and proposed changes, if any, of the foregoing arrangements and to permit the audit and examination of books, records and files of the named firm. Any material misrepresentation may be grounds for termination of any contract, which may be awarded, and for initiating action under federal and state laws concerning false statement.

NOTE: If, after filing this Recertification Application and before the work of this firm is completed on contract by this regulation, there is any significant change through the prime contractor or if no prime contractor, inform the NOAB directly.

Signature _____

Name (print or type) _____

Title _____ Date _____

On this the _____, day of _____, _____, before me appeared _____, to me personally known, who being duly sworn, did execute

Name

the foregoing affidavit, and did state that he/she was properly authorized by _____,

Name of Firm

to execute the affidavit and did so as his/her free act and deed.

NOTARY PUBLIC

(Seal)

My commission expires _____.