



MICHIGAN **DISADVANTAGED BUSINESS ENTERPRISE**

MUCP Partner Agencies

Detroit Department of Transportation, Wayne County Human Relations, Wayne County Airport Authority, Coleman A. Young Municipal Airport, Gerald R. Ford International Airport, Kalamazoo/Battle Creek International Airport, Capital Region International Airport, Bishop International Airport, Dickerson County Ford Airport, Muskegon County Airport, MBS International Airport, Sawyer International Airport, Chippewa County International Airport, Cherry Capital Airport, Houghton County Memorial Airport, Delta County Airport, Pellston Regional Airport, Ann Arbor Transportation Authority, Battle Creek Transit, Bay Metro Transportation Authority, Blue Water Area Transit, Capital Area Transportation Authority, Detroit Transportation Corporation, Flint Mass Transportation Authority, Harbor Transit, Interurban Transit Partnership (Rapid), Jackson Transportation Authority, Kalamazoo Metro Transit System, Livingston Essential Transportation, Macatawa Area Express (MAX), Midland Dial-A-Ride (City of), Muskegon Area Transit System, Niles Dial-A-Ride, Saginaw Transit Authority Regional Services, SMART, Twin Cities Area Transportation Authority, Southeast Michigan Council of Governments



NOVEMBER 2015

REQUIRED INFORMATION for MDOT applicants

This additional information packet **MUST** be completed along with the US DOT Certification application when applying for DBE Certification with MDOT. The US DOT DBE application can be found at: www.michigan.gov/mucp, click on "Download Forms"

SUBMIT THE COMPLETED US DOT APPLICATION ALONG WITH THE REQUIRED ADDITIONAL INFORMATION AND ALL SUPPORTING DOCUMENTS TO:

Michigan Department of Transportation
Office of Business Development
425 W. Ottawa, P.O. Box 30050
Lansing, MI 48909
Toll-free Phone: 1-866-323-1264
Fax: 517-335-0945
Email: mdot-dbe@michigan.gov
Website: www.michigan.gov/mucp

~DO NOT BIND OR STAPLE ANY PAGES, COPY SINGLE SIDE ONLY~

For your protection please use a black pen or marker to remove all but the last four (4) digits of all social security numbers and bank account numbers from tax returns and any other documents before submitting this application.

PLEASE NOTE: Incomplete applications will not be processed and will be returned to you. Please pay special attention to the application checklist within the DBE Certification Application and submit all information requested. If any of the requested information is unavailable, provide an explanation on a separate sheet of paper indicating why it is unavailable and/or not applicable to your firm. If you have questions regarding the application process or the information requested, please contact us.

MDOT WORK CLASSIFICATIONS

If MDOT prequalification is required for the type of work your firm performs, you must become prequalified. You will need to submit a copy of your MDOT prequalification approval with your DBE application package.

To obtain a construction or consultant prequalification application package, contact:

Michigan Department of Transportation
Contract Services Division

Construction Prequalification
Email: MDOTPrequal@michigan.gov
Phone: (517) 335-4281

or Consultant Prequalification
Email: MDOT-ServicePrequal@michigan.gov
Phone: (517) 335-5905

You may download a construction or consultant (service) prequalification application, or e-mail your request for either by going to the following Website: www.michigan.gov/mdot and click the the link "Doing Business". For construction prequalification click on the link "Contractor Services". For consultant prequalification click on the link "Vendor/Consultant Services".

PLEASE NOTE: If your work experience and equipment do not indicate your ability to perform in certain areas, MDOT reserves the right to modify your selections.

NO PREQUALIFICATION IS REQUIRED FOR THE CLASSIFICATIONS BELOW (Please check each classification applying for)

SUPPLIERS

| | | | |
|-----|---|----|---|
| TA | Geotextile Fabrics | TI | Aggregates |
| TB | Asphalt & Petroleum Products | TJ | Guard Rail & Related Products |
| TD | Construction Wood Products | TM | Landscaping Products, Nursery Stock, Seed & Sod, Mulch, Fertilizers, Erosion Control Products |
| TE | Construction Epoxy, Sealants & Other Coatings | TP | Paint, Tape & Other Construction Marking Materials |
| TF2 | Concrete Additives & Treatments | TR | Plastic & Foam Construction Products |
| TF3 | Concrete Brick, Block, Pipe & Other Structures | TS | Road Signs, Markers & Barricades |
| TG | Electrical Materials | TW | Steel Products |
| TH | Fence | | |

MISCELLANEOUS

| | | | |
|----|-------------------------------------|----|---------------------------------------|
| RC | Road Construction Cleanup | RF | Traffic Regulator (Flagging) |
| RD | Temporary Traffic Control (Devices) | RJ | Trucking Heavy Construction Materials |

CONSTRUCTION WORK CLASSIFICATIONS

PREQUALIFICATION IS REQUIRED FOR THE CLASSIFICATIONS BELOW

Certification will not be granted in these categories without the applicant first obtaining MDOT prequalification. Please Contact: MDOT Contract Services Division – Construction Prequalification via Email at MDOTPrequal@michigan.gov or Phone (517) 335-4281.

(Please check each classification applying for)

| | | | |
|----|---|-----|--|
| B | Concrete Pavement Construction of Portland cement Concrete base and surface course | I | Seeding and Sodding/Turf Establishment |
| Ba | Concrete Pavement Patching and Widening | J | Miscellaneous Concrete Items Construction of concrete curb and gutter, sidewalk, barrier wall, driveways, and other incidental construction |
| Ca | Chip Seals | K | Sewers and Watermains |
| Cb | Plant-Mixed Hot Mix Asphalt/Bituminous Paving | Ka | Tunneling and Jacking |
| Ea | Grading, Drainage Structures, and Aggregate Construction | L | Electrical Construction (Outdoor) (Master & Electrical License required) |
| Fa | Bridges and Special Structures Construction of masonry, fabricated steel, prestressed concrete beam, or timber bridges, large culverts and grade separations, special structures and other incidental construction | N2 | Clearing |
| Fb | Structural Steel Erecting structural steel, prestressed concrete beams and placing reinforcing steel on bridges and grade separations and other incidental structures | N3 | Pavement Marking |
| Fd | Pump stations Construction of pump stations and other incidental structures | N4 | Bridge Painting (SSPC Certification required/QP1 & QP2) |
| G | Building Moving and Demolition Building moving, demolition and other incidental construction. | N5 | Railroad Track Construction |
| H | Landscaping Contracts involving ornamentation of roadsides and parks and other incidental construction | N6 | Permanent Signs |
| | | N7 | Waterproofing |
| | | ITS | Intelligent Transportation System (Master & Electrical License required) Install Intelligent Transportation Systems (ITS) including, but not limited to: Surveillance, Vehicle Detection, and Traveler Information Systems; Communications and Network Infrastructure; Video Compression Equipment; Road Weather Information Systems (RWIS); Power Systems; and Auxiliary ITS Devices |

CONSTRUCTION WORK CLASSIFICATIONS – N9

PREQUALIFICATION IS REQUIRED FOR THE N9 CLASSIFICATIONS BELOW

Certification will not be granted in these categories without the applicant first obtaining MDOT prequalification. Please Contact: MDOT Contract Services Division – Construction Prequalification via Email at MDOTPrequal@michigan.gov or Phone (517) 335-4281.

(Please check each classification applying for)

The classification codes shown in parentheses preceding some N9 classifications below are considered to already include that particular N9 classification. If you are prequalified in the classification in parentheses please do not request that particular N9 classification. (For example, if you are prequalified in Fa, do not request N9-1A, Bridge Deck Repair.)

1. BRIDGE

- A Bridge Deck Repair (Fa)
- B Bridge Railing Replacement (Fa)
- C Concrete Structure Repair (Fa)
- D Concrete Bridge Railing (Fa)
- E Structural Crack Repair
- F Hydrodemolition
- G Bridge Painting/Industrial Painting Limited

2. ROADWAY (GRADE)

- B Edge Drain (Ea)
- C Erosion Control Structures (Ea)
- D Crushing and Shaping

3. PAVEMENTS

- A Cold Milling
- B Rubblizing Concrete Pavement
- C Concrete Sawing (B, Ba)
- D Grinding and Grooving
- E Overband Crack Fill
- F Joint or Crack Fill (B, Ba)
- G Joint Repair (Detail 7 & 8)
- H Slurry Seal
- I Microsurfacing

4. DRAINAGE

- A Sewer Cleanout
- B Sewer Inspection

5. FOUNDATIONS

- A Augered Piling (Fa)
- B Caisson Drilling
- C Pile Driving (Fa)
- D Sheet Piling (Fa)

6. GENERAL

- C Placing Resteel
- E Rail Salvage
- F Railroad Signals
- I Raised Pavement Markers
- K Attenuators
- L Guardrail
- M Fences
- N Paving Brick

CONSULTANT PREQUALIFICATION WORK CLASSIFICATION

PREQUALIFICATION IS REQUIRED FOR THE CLASSIFICATIONS BELOW

Certification will not be granted in these categories without the applicant first obtaining MDOT prequalification. Please contact: MDOT Contract Services Division – Consultant Prequalification via Email: MDOT-ServicePrequal@michigan.gov or Phone (517) 335-5905

(Please check each classification applying for)

| DESIGN SERVICES CATEGORY | | CONSTRUCTION SERVICES CATEGORY | |
|--------------------------|--|---------------------------------|--|
| DB | Design - Bridges | CEA | Construction Engineering: Assistance |
| DBC | Design - Bridges: Complex | CEB | Construction Engineering: Bridges & Ancillary Structures |
| DBLR | Design - Bridges: Load Rating | CER | Construction Engineering: Roadway |
| DBMS | Design - Bridges: Movable Span | CELA | Construction Engineering: Roadway - Local Agency Program |
| BDRR | Design - Bridges: Railroad | CIBP | Construction Inspection: Bridge Painting |
| DBSI | Design - Bridges: Safety Inspection | CIB | Construction Inspection: Bridges & Ancillary Structures |
| DBUS | Design - Bridges: Safety Inspection - Underwater | BPI | Construction Inspection: HMA Pavement |
| DBS | Design - Bridges: Scoping | CIR | Construction Inspection: Roadway |
| DBLD | Design - Buildings | CITS | Construction Inspection: Traffic and Safety |
| DGEO | Design - Geotechnical | CSOT | Construction Services: Office Technician |
| DGEA | Design - Geotechnical: Advanced | CTA | Construction Testing: Aggregates |
| DHI | Design - Hydraulics I | CTC | Construction Testing: Concrete |
| DHII | Design - Hydraulics II | CTD | Construction Testing: Density |
| DR | Design - Roadway | HMAP | Construction Testing: HMA |
| DRC | Design - Roadway: Complex | HMAA | Construction Testing: HMA Assistance |
| DRI | Design - Roadway: Intermediate | ENVIRONMENTAL SERVICES CATEGORY | |
| DTCG | Design - Traffic: Capacity & Geometrics Analysis | EAH | Environmental: Archaeology - Historic |
| DITS | Design - Traffic: ITS Design & System Manager | EAP | Environmental: Archaeology - Prehistoric |
| DTPM | Design - Traffic: Pavement Markings | EB | Environmental: Botanical |
| DTSS | Design - Traffic: Safety Studies | EC | Environmental: Contamination |
| DTS | Design - Traffic: Signal | EHA | Environmental: Historic Assessment |
| DTSO | Design - Traffic: Signal Operations | ENA | Environmental: Noise Assessment |
| TSOC | Design - Traffic: Signal Operations - Complex | EWA | Environmental: Wetland Assessment |
| DTSF | Design - Traffic: Signing - Freeway | SURVEYING SERVICES CATEGORY | |
| NFSP | Design - Traffic: Signing - Non-Freeway | SCS | Surveying: Construction Staking |
| MOT | Design - Traffic: Work Zone Maintenance of Traffic | SGCL | Surveying: Geodetic Control and Leveling |
| WZMS | Design - Traffic: Work Zone Mobility & Safety | SH | Surveying: Hydraulics |
| DUM | Design - Utilities: Municipal | SROW | Surveying: Right of Way |
| DUPS | Design - Utilities: Pump Stations | SRD | Surveying: Road Design |
| DURL | Design - Utilities: Roadway Lighting | SS | Surveying: Structure |
| SUE | Design - Utilities: Subsurface Utility Engineering | | |
| DLA | Design: Landscape Architecture | | |
| DPDS | Design: Project Development Studies | | |
| DVEF | Design: Value Engineering Facilitator | | |
| DWET | Design: Wetlands | | |

WORK TYPE REQUEST

COMPLETE ONE FORM FOR EACH WORK CLASSIFICATION REQUESTED. MAKE ADDITIONAL COPIES AS NEEDED.

| | |
|--------------|--------------------------|
| COMPANY NAME | WORK CLASSIFICATION CODE |
|--------------|--------------------------|

WORK CLASSIFICATION NAME

1) DESCRIBE THE WORK THAT YOUR COMPANY DOES IN THIS WORK CLASSIFICATION

2) LIST THOSE OWNERS AND EMPLOYEES WHO HAVE RESPONSIBILITY, OR WHOSE EXPERIENCE, EDUCATION AND EXPERTISE IS RELIED UPON IN THIS WORK CLASSIFICATION. FOR EACH INDIVIDUAL LISTED, BE SURE THAT A COMPLETE *WORK EXPERIENCE RESUME* HAS BEEN SUBMITTED.

| OWNER/KEY PERSONNEL | SUMMARIZE EDUCATION AND/OR YEARS OF EXPERIENCE IN THIS WORK CLASSIFICATION |
|---------------------|--|
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| | |

3) SUBMIT DOCUMENTATION OF EXPERIENCE (GOVERNMENT OR PRIVATE) OF THIS COMPANY IN THIS **WORK CLASSIFICATION**. PROVIDE COPIES OF PAGES FROM THE LARGEST COMPLETED CONTRACT, SUBCONTRACT, PURCHASE ORDER OR INVOICE SHOWING:

- Dollar amount, and
- Specific work performed, service provided or material supplied (include specific items or work and quantities supplied), and
- Signature page and proof of execution.

4) LIST EQUIPMENT NECESSARY TO PERFORM IN THIS WORK CLASSIFICATION. CHECK IF OWNED, LEASED OR OTHERWISE AVAILABLE.

| EQUIPMENT NAME | Owned | Lease | Other | EQUIPMENT NAME | Owned | Lease | Other |
|----------------|-------|-------|-------|----------------|-------|-------|-------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

5) SUBMIT DOCUMENTATION OF EQUIPMENT OWNED OR LEASED/RENTED FOR THIS WORK CLASSIFICATION, INCLUDING:

- Registrations, titles, purchase orders and other proofs of purchase of equipment owned by your company, and
- Signed and executed lease or rental agreements for equipment leased or rented by your company.

WORK TYPE REQUEST

APPLICANTS FOR SUPPLY WORK MUST ALSO COMPLETE THE FOLLOWING

1) If the company manufactures or substantially alters this product/material, please explain:

2) Do you maintain an inventory of this product or material? If yes, provide a list showing your current inventory.

Yes No

3) Where do you store your inventory?

4) Is this space: (Check areas that apply)

Owned Rented/Leased Other

- Provide proof of ownership, lease/rental or evidence of other arrangements.

5) List the amount of your sales from this product/material for each of the last three years:

| YEAR | AMOUNT OF SALES |
|------|-----------------|
| | |
| | |
| | |

6) List your company's top three customers for this product/material for the last three years:

| YEAR | CUSTOMER 1 | CUSTOMER 2 | CUSTOMER 3 |
|------|------------|------------|------------|
| | | | |
| | | | |
| | | | |

7) For this product/material, list suppliers and materials they supply. Attach additional sheets as needed.

8) Does your company deliver these products/materials with it's own equipment? Yes No

9) If not listed previously, list equipment owned or leased by your company to deliver products/materials to customers:

| | |
|----------------------|------|
| AUTHORIZED SIGNATURE | DATE |
|----------------------|------|

WORK EXPERIENCE RESUME (TEMPLATE)

A RESUME MUST BE SUBMITTED BY EACH OWNER, OFFICER, DIRECTOR AND OTHER PERSONNEL OF THE FIRM IDENTIFIED IN THE APPLICATION. PLEASE TYPE OF PRINT. DO NOT LEAVE ANYTHING BLANK. MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED.

| | |
|-----------------------------|-----------------|
| NAME OF APPLICANT'S COMPANY | YOUR NAME/TITLE |
|-----------------------------|-----------------|

| | NAME AND LOCATION OF SCHOOLS ATTENDED | YEARS ATTENDED | DIPLOMA/ DEGREE | COURSES OF STUDY/MAJOR |
|---|---------------------------------------|----------------|-----------------|------------------------|
| EDUCATIONAL OR VOCATIONAL TRAINING | | | | |
| COLLEGES AND UNIVERSITIES | | | | |

OTHER TRAINING

EMPLOYMENT RECORD

PLEASE LIST ALL OF YOUR WORK EXPERIENCE. START WITH YOUR MOST RECENT EMPLOYMENT AND WORK BACKWARDS. PROVIDE A DETAILED DESCRIPTION OF REGULARLY ASSIGNED, ONGOING DUTIES, FOR EACH JOB. ATTACH ADDITIONAL SHEETS AS NEEDED.

| | | | |
|--------------------|-------------------|------------------------|----------|
| EMPLOYER | JOB TITLE | | |
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| DATE OF EMPLOYMENT | SUPERVISOR'S NAME | AVERAGE HOURS PER WEEK | |

DESCRIPTION OF YOUR DUTIES

LIST UNION LICENSES, PROFESSIONAL REGISTRATIONS, ETC. WHICH ARE IN YOUR NAME

WORK EXPERIENCE RESUME (TEMPLATE) cont'd

| | | | | |
|---------------------|-------------------|-----------|------------------------|----------|
| EMPLOYER | | JOB TITLE | | |
| STREET ADDRESS | | CITY | STATE | ZIP CODE |
| DATES OF EMPLOYMENT | SUPERVISOR'S NAME | | AVERAGE HOURS PER WEEK | |

DESCRIPTION OF YOUR DUTIES

| | | | | |
|---------------------|-------------------|-----------|------------------------|----------|
| EMPLOYER | | JOB TITLE | | |
| STREET ADDRESS | | CITY | STATE | ZIP CODE |
| DATES OF EMPLOYMENT | SUPERVISOR'S NAME | | AVERAGE HOURS PER WEEK | |

DESCRIPTION OF YOUR DUTIES

LIST ANY ADDITIONAL EXPERIENCE/INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

CERTIFICATION: I certify that all information on this and all attached pages is true, correct, and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. **RESUME ATTACHED?** **YES** **NO**

| | | |
|-----------|---|------|
| SIGNATURE | SOCIAL SECURITY NO.(Last 4 digits only) | DATE |
|-----------|---|------|

DISADVANTAGED BUSINESS ENTERPRISE PROGRAM OUT-OF-STATE APPLICANT AFFIDAVIT OF CERTIFICATION

Per 49 CFR Part 26, this form must be signed and sworn to by each owner of the applicant business. Use additional form(s) if more than one owner.

ANY MATERIAL, FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION OR AFFIDAVIT IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, 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, _____ (print full name), declare under penalty of law that I have submitted all of the information required by 49 CFR §26.85 (c). This information is complete, and in the case of the requirements of §26.85(c)(1), is identical to the information which served as the basis for my home state DBE certification. Further, I declare under penalty of perjury that all facts in my most recent on-site report remain true and correct.

Date _____ Signature _____

NOTARIZATION

Before me, this ___ day of _____, 20___, personally appeared and known to me to be the person, described in the foregoing statement, acknowledged that he/she executed the same in the capacity therein and for the purposes therein contained and that the statements contained therein are true and correct.

IN WITNESS WHEREOF, I HEREUNTO SET MY HAND AND OFFICIAL SEAL

Notary Public

My Commission Expires: _____

Notary Public

SEAL