



# LOUISIANA DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT SMALL BUSINESS ELEMENT (SBE) PROGRAM APPLICATION



Pursuant to 49 CFR Part 26 paragraph 26.39, the Louisiana Department of Transportation Small Business Element (SBE) Program is a race and gender neutral program designed to provide select contracting opportunities to small businesses on federally funded projects. To qualify as a Small Business Element, the firm's gross revenues (as defined by 13 CFR 121.104) shall not exceed \$22.41 million.

### ***REQUIRED DOCUMENTATION***

Please provide copies of your federal tax returns documents that support your firm's annual gross receipts.

Specify the gross receipts of the firm for the past three years.

Year _____	Total receipt \$ _____
Year _____	Total receipt \$ _____
Year _____	Total receipt \$ _____

### ***PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION***

Firm Name: \_\_\_\_\_ Federal Employee ID #: \_\_\_\_\_  
LADOT Contractor ID #: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parish/County: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Number of employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Total \_\_\_\_\_

**PLEASE SEND APPLICATION TO:**

Louisiana Department of Transportation, Compliance Section,  
Small Business Element (DBE/SBE) Program  
1201 Capitol Access Road, Room 305N  
P.O. Box 94245  
Baton Rouge, LA 70804-9245  
Office: (225) 379-1382  
Fax: (225) 379-1865

# AFFIDAVIT CERTIFICATION (COMPLETE IN INK)

The undersigned does hereby swear that he/she is a duly authorized representative of \_\_\_\_\_ (company name), holding the position of \_\_\_\_\_ and that the foregoing statements and attachments are true, accurate and complete and include all the information necessary to complete this application. Further, I understand that any misrepresentation will be grounds for denial, decertification and/or termination of any contract, which may have been awarded, possible action under appropriate Federal or State laws.

If, after filing this application, there are any changes in the ownership of this business or in any information submitted, I will notify the Louisiana Department of Transportation Personnel/Compliance Section, Disadvantaged Business Enterprise/Small Business Element Section within 30 calendar days; and I understand that failure to do so may result in the loss of my certification as an SBE.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## **NOTARY PUBLIC**

Parish (County) of: \_\_\_\_\_ State of \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

SEAL