



State of Hawai'i
Department of Transportation
Disadvantaged Business Enterprise (DBE)
869 Punchbowl Street, Room 112
Honolulu, Hawai'i 96813
Telephone: 808 587-2023
Fax: 808 587-2025 ♦ TTY: 808 587-2210



Instructions for DBE Renewal

1. The Hawaii Department of Transportation (HDOT) conducts an eligibility review for all DBE firms seeking continued certification. This review is performed once every three (3) years. As part of this review the DBE firm must submit the attached Affidavit of Continued Eligibility (signed and notarized), DBE Renewal Form, Personal Net Worth Statement (signed and notarized) and supporting documents to remain certified as a DBE.
2. The information requested is necessary to determine whether the firm continues to qualify as a *bona fide* DBE according to the guidelines established by Title 49, Code of Federal Regulations, Part 26, Subparts D and E.
3. The review cannot be completed until all documents are received by the HDOT. Send completed forms and supporting documents to:

**Hawaii Department of Transportation
Office of Civil Rights/DBE Program
869 Punchbowl Street, Room 112
Honolulu, Hawaii 96813**

4. HDOT staff may schedule an on-site visit if there are substantive changes that affect the DBE's eligibility. The on-site visit is not applicable to out-of-state firms. By signing the Affidavit of DBE Eligibility, the DBE owner(s) agree to allow HDOT staff to inspect the DBE's place(s) of business.
5. HDOT reserves the right to require additional information from the DBE firm prior to or during the review process. Upon completing the review, the firm will receive a written determination of eligibility. If the firm is ineligible, HDOT shall initiate proceedings to decertify the firm.

Provide the following supporting documents:

1. Complete Federal individual tax returns for the **past two years** for disadvantaged owner(s) with 51% or more ownership.
2. Personal Net Worth Statement for majority disadvantaged owner(s) (51% ownership).
3. If Hawaii is not your primary place of business provide most recent certification letter from the home state.

Note: All of these items are required. Failure to submit all the required information will result in a delay and/or termination in the processing of the review. To avoid loss of important documents, please present a complete packet at one time.



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DBE Affidavit of Continued Eligibility

I authorize the Hawaii Department of Transportation to make inquiries as necessary to verify the accuracy of the statements made and to determine my continued eligibility as a DBE. I certify that as a disadvantaged owner, I am socially and economically disadvantaged.

I swear that the foregoing statements are true and correct and include all material information necessary to identify and establish my continued eligibility to participate in the DBE program. Further, I agree to permit an onsite review of the company's operation as well as the audit and examination of books, records and files of the named firm. **I understand that any material misrepresentation will be grounds for terminating my eligibility as well as any contract that may be awarded and for initiating action under Federal and/or State laws concerning false statements.**

Name of Firm

Name / Title	Signature	Date

Notary Public

County of _____	State of _____	{Seal}
The foregoing affidavit was subscribed and sworn to me on this the _____ day of _____, 20____ by _____		
_____ (Notary's name)		
Notary Public: _____ (Signature of Notary)		
My commission expires: _____, 20____		

State of Hawai'i/Department of Transportation/DBE Renewal Form

Name of Firm: _____ **Federal Identification Number:** _____
dba, if any: _____
 Note: if the firm's legal structure or ownership has changed since it was last certified, you must submit a new UCA.

Contact Person: _____ **Title:** _____

Business Address: (P.O. Box unacceptable) **Mailing Address:** (If different)

No.	Street name	Suite/Unit Number	No.	Street name	Suite/Unit Number
City / State		Zip Code		City / State	

E-Mail Address: _____ **Web-Site:** _____

Telephone: _____ **Fax:** _____ **Other:** _____
(Area Code + Number) (Area Code + Number) (Area Code + Number)

Is the business address and/or business phone number also a residence address or phone number? Yes No

Indicate the nature of the firm's business with a check mark, and list the North American Industry Classification System (NAICS) code(s) for which you are seeking certification in the space below:

Concession (ACDBE) Construction Consultant Manufacturer Service Provider
 Supplier Other (please describe): _____

Primary NAICS: _____ **Secondary NAICS** _____, _____, _____, _____
 _____, _____, _____, _____, _____, _____

Type of Business: _____
(describe the firm's primary activities the company provides) This description will be used in the DBE directory.

	Please place checkmarks in the appropriate blanks. If certain items are not applicable to your business, please indicate N/A.	Yes	No	NA
1	Has the company moved? If yes, attach lease agreement of new location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Has the organizational structure of the company changed since the last review of DBE eligibility or notification to the HDOT's DBE program office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	If the firm is certified in a state other than Hawaii, has the firm been decertified or denied by any other state? If yes, attach documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Have there been any changes in the owners, stockholders or members of the firm since the last review of DBE eligibility or notification to the HDOT's DBE program office? If yes, attach documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Have there been any changes in the firm's Board of Directors/Officers since the last DBE review of eligibility or notification to HDOT's DBE program office? If yes, attach supporting documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Have there been any changes or amendments to the firm's Articles of Incorporation, Articles of Organization, By-Laws, Partnership Agreements, or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

State of Hawai'i/Department of Transportation/DBE Renewal Form

	any other ownership documents? If yes, attach supporting documentation.			
		Yes	No	NA
7	Did any owner, stockholder, director, officer partner, manager and/or key person of the company establish a new business relationship with or purchase ownership interest in any other company? If yes, attach documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Have there been any changes in the day-to-day responsibilities of the owner(s)? If yes, attach documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Identify the number of employees including owner(s). FT ____ PT ____			<input type="checkbox"/>
10	Have there been any changes to the company's financial situation? For example, new line of credit, increased bonding capacity, new financial institution, authorized signatures, etc. If yes, attach documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Have there been any changes to the firm's work capabilities? For example, does the firm perform work under different NAICS codes not previously reported? If yes, attach documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Are you actively bidding on HDOT projects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>