

Georgia Department of Transportation (GDOT)
Small Business Program Application & Affidavit

Office of Equal Opportunity
 600 West Peachtree Street
 Atlanta, Georgia 30308
 Phone: (404) 631-1972
 Fax: (404) 631-1943

Business Name: _____

Business Address: _____

(City) (State) (Zip)

Mailing Address: _____

(City) (State) (Zip)

Telephone: _____ **Fax:** _____ **Other** _____

E-Mail: _____ **Date Business Established:** _____

Federal Employer Identification Number: _____

GDOT Vendor Number: _____

Brief Description of Work Type: _____

NAICS/ NIGP codes: _____

Legal Structure:

Corporation
 Partnership

Limited Liability Company
 Sole Proprietorship

List All Officers of the Business:

NAME	TITLE

Firm Gross receipts, past three (3) year average: \$ _____.

Majority Owner's Gender _____ **Majority Owner's Race** _____

NOTE: Providing this information will not affect the award of a contract. The information will be used for statistical purposes only.

I, _____ am an owner or duly authorized representative of _____ (Applicant/Name of business), and I do hereby declare:

This business:

- a. Meets the definition of a small business as defined by the USDOT:
 - Is organized for profit;
 - Has a place of business in the US;
 - Is independently owned and operated;
 - Is not dominant in its field on a national basis;
 - Average gross receipts for the past 3 years do not exceed \$22.41 million; and
 - Meets the size standards established by the North American Industry Classification System (NAICS), in accordance with 13 CFR 121.

Or,

- b. Is a Disadvantaged Business Enterprise (DBE) under Georgia's Unified Certification Program

The Undersigned hereby authorize(s) and request(s) any person, firm or corporation to furnish any pertinent information requested by the Georgia Department of Transportation deemed necessary to verify the statements made in this affidavit or regarding the ability, standing and general reputation of the business. I understand that refusal to permit such inquiries shall be grounds for denial of registration. I declare, under penalty of perjury that the business qualifies as a small business and the information provided above, and any supporting documents are true and accurate to the best of my knowledge.

Owner/ Authorized Representative Signature _____
Date

Owner/ Authorized Representative Printed Name & Title

Notary:

STATE OF _____

COUNTY OF _____

Before me, the above signed authority, personally appeared _____, who is personally known to me or has produced _____ (type of identification) identification and is duly sworn, deposes and says that he / she is authorized to represent _____ (business).

Sworn and subscribed to before me this _____ day of _____, _____.

(Notary Signature)

My Commission Expires: