

**COLORADO DEPARTMENT OF TRANSPORTATION
EMERGING SMALL BUSINESS APPLICATION**

Please remit your application to the address below. You will receive a letter confirming receipt of your application within 1-2 weeks.
ESB Program Administration, Colorado Department of Transportation, 4201 E. Arkansas Ave., Room 200, Denver, CO 80222

A. Required Supporting Documentation

Please provide the following with your application. The application will not be considered suitable for review without all of the supporting documentation.

- Certificate of Good Standing from the Colorado Secretary of State.
- Federal income tax returns, including all related schedules, of the business for the past three years. If you have not been in business for three years, please submit your most current financial statement in addition to any available tax returns.
- Federal income tax returns, including all related schedules showing income or property, for the past three years of all owners with twenty-five percent or more ownership.
- Copies of all applicable professional or technical licenses and certifications (see "Areas of Work" Section).
- An up-to-date complete resume for each owner and any employees whose qualifications will be relied on for certification, which includes a chronological list of employment and ownership history, responsibilities and applicable education.

The purpose of the supporting documentation is to support the assertions stated in the application. CDOT may, if necessary, request additional supporting documentation or information regarding the statements made in the application. Supporting documentation must be printed and mailed to the address listed above. Do not send documents via email or disc.

B. Basic Information

1. Business Legal Name:		2. EIN or SSN:	
3. Owner Name:		4. Email:	
5. Phone:	6. Secondary:	7. Fax:	
8. Physical Address:			
9. Mailing Address (If different from Physical Address):			
10a. Prequalified as a Prime with CDOT?		10b. If yes, prequalification code(s):	
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> In Process			
11. If you are a DBE, would you like to sync your ESB and DBE Renewal Months? This option is only available if your DBE file is currently maintained by CDOT.		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Not Applicable DBE Certification Month:	
12. How did you hear about the ESB Program?			

C. Business Formation and Relationships

1. Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other		2. Date of Formation or Incorporation:
3. Was or is there any business with same, similar or closely related ownership engaged in the same or a similar function?	<input type="checkbox"/> Y <input type="checkbox"/> N	If Yes, please list:
4. Do you co-locate or share property or equipment with any other business or businesses?	<input type="checkbox"/> Y <input type="checkbox"/> N	If Yes, please list:
5. Is the business a subsidiary, parent or partner with any other business or businesses?	<input type="checkbox"/> Y <input type="checkbox"/> N	If Yes, please list:
6. Are there any businesses owned or managed by immediate family members of the owners or managers which conduct business with this applicant?	<input type="checkbox"/> Y <input type="checkbox"/> N	If Yes, Please list:

D. Orientation		
Have you attended a required orientation?	<input type="checkbox"/> Y <input type="checkbox"/> Scheduled	Date of orientation:

Orientations are required of all new applicants and carryover ESBs. To schedule an orientation please go to the ESB webpage on the CDOT website. Orientations will not be scheduled via phone or email. The orientation must be completed by an owner of the business.

E. Ownership					
Name of Owner	Percent of Ownership	Tax Returns Included	Race & Gender	Date(s) Ownership Acquired	Ownership, management or employment for another firm that has a relationship with this firm? If yes, please list.
		<input type="checkbox"/> Y <input type="checkbox"/> N/A			
		<input type="checkbox"/> Y <input type="checkbox"/> N/A			
		<input type="checkbox"/> Y <input type="checkbox"/> N/A			
		<input type="checkbox"/> Y <input type="checkbox"/> N/A			
Have any of these individuals been debarred or convicted of a bid related crime? <input type="checkbox"/> Y <input type="checkbox"/> N. If yes, please attach a detailed explanation.					

F. Officers and Managers		
Name	Position(s)	Ownership, management or employment for another firm that has a relationship with this firm? If yes, please list.
Have any of these individuals been debarred or convicted of a bid related crime? <input type="checkbox"/> Y <input type="checkbox"/> N. If yes, please attach a detailed explanation.		

G. Business Size					
Number of Employees:	Full Time:		Part Time:		Seasonal:

H. Three Largest Contracts in Past Three Years			
Prime Contractor/Client and Contact Number	Dates	Amount of Contract	Work Performed By Your Firm
		\$	
		\$	
		\$	

I. Areas of Work

By requesting a work code under this section, you are asserting that your firm is qualified to perform in these areas of work. You must state the code you are requesting and for each code list applicable licenses, property and equipment, and/or contracts completed in the applicable work areas in order to support your request. Codes may be grouped together if often performed simultaneously and/or similar in nature. Applicable education and personal experience should be listed in your resume(s). **Proof of registration for trucks/trailers is required for businesses seeking trucking codes.**

Please see the ESB webpage for a listing of the ESB work codes and applicable size standards. The ESB Program is only for firms performing construction, practice of research and professional services as defined by Colorado statute. Therefore, not all NAICS codes are available for certification. Please do not reference Disadvantaged Business Enterprise codes or prequalification codes. **Attach additional pages as necessary.**

Requested ESB Work Code(s)

Licenses or Certifications (Attach a copy of each)

Property and Equipment	Purchase or Lease?	Date Purchased or Leased	Date Lease Ends (If Applicable)	Name of Owner
Contracts/Projects	Dates	Client	Summary of work performed	

Requested ESB Work Code(s)

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Contracts/Projects	Dates	Client	Summary of work performed	

J. Affidavit (Complete in Ink)

As representative for the applicant firm, I swear or affirm under penalty of perjury in the second degree that I have read and understood all of the questions of this application and that I believe the applicant firm meets the minimum criteria for certification. I further certify that all of the statements submitted in this application and the attachments are true and complete to the best of my knowledge and that I have the power to bind the applicant firm to the statements made herein. I understand that this application shall be used by CDOT to determine whether the applicant firm meets the criteria for certification and that CDOT may, by means it deems appropriate, investigate the accuracy of the information provided herein.

Additionally, this applicant firm agrees to the following:

- To abide by the requirements of the Emerging Small Business Program and all CDOT, State of Colorado and federal applicable laws, rules and regulations.
- To notify CDOT within fifteen working days of any material changes in business ownership or legal status.
- To permit CDOT to monitor the status of the business and to conduct reviews of the business as needed to determine compliance with the program.

I acknowledge and agree that any misrepresentation in this application or in records pertaining to a contract or subcontract will be grounds for revocation, suspension, debarment and termination of any contract or subcontract.

Signature Title Date

K. Notary Public

County of: _____ State of: _____

Address _____

SEAL

Subscribed and sworn before me this: _____ day of _____

Signature