

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

Please refer to the ESB Application Instructions for guidance on how to complete this form. Attach additional pages as necessary.

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.

- Documentation of registration with the Secretary of State to do business in Colorado.
- Tax returns, including all related schedules, of the applicant firm for the past three years.
- Tax returns, including all related schedules, of all owners, or the five owners with the greatest shares, for the past three years.
- Evidence of the firm's ownership of, or lease agreements for, the property and equipment listed above.
- Copies of all applicable licenses or permits listed.
- An up-to-date complete resume for each owner, manager and officer, which includes a chronological list of employment and ownership history, responsibilities and applicable education.
- Loan or security agreements which bind the applicant firm to any individual not listed as an owner or manager.

The purpose of the supporting documentation is to support the assertions stated in the application. Therefore, CDOT may request additional documentation or information to gather more information regarding the statements made in the application if necessary.

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: _____			
10a. Prequalified as a Prime with CDOT (Y, N, In Process)? _____	10b. If so, prequalification code(s): _____		
11a. CO DBE Certified (Y, N, In Process)? _____	11b. By CDOT (Y/N)? _____	11c. Sync (Y/ N)? _____	11d. Cert #: _____
12. How did you hear about the ESB Program? _____			

C. Business Formation and Relationships

1. Business Type: _____	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 (Y/N)? _____	If Yes, please list: _____
4. Do you co-locate or share property or equipment with any other business or businesses (Y/N)? _____	If Yes, please list: _____
5. Is the business a subsidiary, parent or partner with any other business or businesses (Y/ 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 (Y/ N)? _____	If Yes, Please list: _____

D. Orientation

Have you attended a required orientation? (Y, N or Scheduled) Date of orientation:

E. Ownership

Business or Individual Legal Name	Percent of Ownership	Race & Gender	Date(s) Ownership Acquired	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? (Y/N) ____ If yes, please list:

F. Officers and Managers

Individual Legal 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? (Y/N) ____ If yes, please list:

G. Financial Status

Gross Receipts for past three years: Year 1: Year 2: Year 3:

H. Areas of Business

1. Requested work code(s):	2. Description of applicable work performed by the firm:

J. Notary Public

County of: _____ State of: _____

Address _____

SEAL

Subscribed and sworn before me this: _____ day of _____

Signature

COLORADO DEPARTMENT OF TRANSPORTATION CENTER FOR EQUAL OPPORTUNITY
4201 E. Arkansas Ave., Room 200, Denver, CO 80212 * Phone (303)757-9324 * Fax (303)757-9019