

**KENTUCKY TRANSPORTATION CABINET'S**  
**AFFIDAVIT OF SMALL BUSINESS ENTERPRISE (SBE) CERTIFICATION**

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS CERTIFICATION REQUEST IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

**(Please check the box below, fill in all blanks and sign to signify you wish to receive reciprocal certification.)**

\_\_\_\_\_ would like to receive reciprocal SBE Certification.  
(Name of firm)

As a Disadvantaged Business Enterprise (DBE) certified firm, I/we \_\_\_\_\_, owner(s)  
(Owners' names)  
of \_\_\_\_\_, hereby request reciprocal enrollment into the Kentucky  
(Name of firm)  
Transportation Cabinet's Small Business Enterprise (SBE) program. \_\_\_\_\_, a  
(Name of firm)  
for-profit firm meets all Small Business Administration's (SBA's) size standards and does not exceed \$30.72 million of average annual gross revenue (as defined by 49 C.F.R. 26.65(b) over the previous three years.

I/We also affirm that, I/we \_\_\_\_\_, have a personal net worth that does not exceed  
(Owners' names)  
\$2.047 million. I/We declare under penalty of perjury that the information provided is true and correct.

\_\_\_\_\_  
(Signature of Owner 1)                      (Date)                      (Signature of Owner 2)                      (Date)