

## AFFIDAVIT OF SMALL BUSINESS ENTERPRISE (SBE) CERTIFICATION

**NOTICE:** 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.

**INSTRUCTIONS:** Provide the firm name and all owner name(s) below. All owners must sign. If there are more than two owners, continue signatures and dates below the second signature line.

\_\_\_\_\_  
*Firm Name*

\_\_\_\_\_  
*Owner Name(s)*

*I/we hereby request enrollment or continuation in the Kentucky Transportation Cabinet's (KYTC) Small Business Enterprise (SBE) program. As a for-profit firm, I/we affirm that our business meets the Small Business Administration's (SBA) size standards outlined in 13 CFR Part 121, appropriate to the type(s) of work we intend to perform under Department of Transportation (DOT)-assisted contracts. This includes the primary industry classification of our firm.*

*I/we also affirm that I/we have a personal net worth (PNW) that does not exceed the PNW cap as defined by 49 CFR Parts 23 and 26 (excluding the owner's business, primary residence, and retirement accounts).*

*I/we declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct pursuant to 28 USC §1746.*

\_\_\_\_\_  
*Signature of Owner 1*

\_\_\_\_\_  
*Date Signed*

\_\_\_\_\_  
*Signature of Owner 2*

\_\_\_\_\_  
*Date Signed*