



Alaska Unified Certification Program (AUCP)  
Alaska Department of Transportation & Public Facilities (Alaska DOT&PF), Civil Rights Office  
**Small Business Enterprise Concession (SBEC)  
Declaration of Eligibility (DOE)**

**Fostering Small Business Participation ([49 CFR 23.26](#)):**

To meet the requirements of [49 CFR 23.26](#), the Alaska DOT&PF has implemented a Small Business Enterprise Concession Program. This component is only applicable to federally funded projects.

**Initially:** All businesses wishing to be eligible as the SBEC, that are not ACDBE certified, are required to submit the SBEC Declaration of Eligibility (DOE), Personal Net Worth (PNW) Statement, and supporting documents.

The purpose of this additional information is to verify compliance with business size standards under [49 CFR 23.33](#), and to confirm the owners PNW pursuant to [49 CFR 26.68](#). The following documents are required:

SBEC Declaration of Eligibility (DOE)

[Business Gross Receipt Documentation for the last five \(5\) years](#) such as: audited financial statements, a CPA's signed attestation of correctness and completeness, or all income-related portions of one or more (when there are affiliates) signed Federal income tax returns as filed.

If you own other businesses, you must also provide [gross receipt documentation for the last five \(5\) years](#) such as audited financial statements, a CPA's signed attestation of correctness and completeness, or all income-related portions of one or more (when there are affiliates) signed Federal income tax returns as filed.

[Personal Net Worth \(PNW\) Statement](#)

(available at <https://www.Transportation.gov/DBEFORMS>)

**Annually in December:** After the initial eligibility determination the SBEC firms will be asked to provide the Declaration of Eligibility form, Current Business Information form, Employee List Form, and business gross receipts documentation.

**Documents must be submitted to the AUCP Office:**

Dropbox: <https://drop.state.ak.us/drop/>

Email: [sarah.starzec@alaska.gov](mailto:sarah.starzec@alaska.gov)

Alaska DOT&PF Civil Rights Office

Attn: Certification

PO Box 196900

Anchorage AK 99519-6900

Phone: 907-269-0851 Fax: 907-269-0847



**ALASKA UNIFIED CERTIFICATION PROGRAM**  
Alaska Department of Transportation & Public Facilities  
Civil Rights Office  
PO Box 196900  
Anchorage AK 99519-6900  
Phone: 907-269-0854 Fax: 907-269-0847

## **Small Business Enterprise Concession (SBEC) Declaration of Eligibility (DOE)**

I \_\_\_\_\_ (owner's name) declare under penalty of law that I am an owner of the firm \_\_\_\_\_ (firm name) and that I have read and understood the requirements for eligibility as a Small Business Enterprise Concession (SBEC) to meet the requirements of [49 CFR 23.33](#).

*Business Size Standards:*

I declare that my firm's and its affiliates' gross receipts calculated in accordance with [13 CFR 121.104](#) averaged over the last five fiscal years, do not exceed \$56.42 million per [49 CFR 23.33\(a\)](#).

*Personal Net Worth:*

I declare that my personal net worth does not exceed the program's limit (\$2.047 million) posted on <https://www.transportation.gov/DBEPNW> per 49 CFR [49 CFR 26.68\(a\)](#).

I agree to submit to a government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm. I understand that refusal to permit such inquiries shall be grounds for ineligibility of the SBEC Program.

I authorize the Alaska Department of Transportation and Public Facilities, the Civil Rights Office, to verify the accuracy of the information I provided to determine whether I meet the standards of economic disadvantage for participation in the SBEC Program.

I 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 \_\_\_\_\_ Date \_\_\_\_\_  
(Owner)

## CURRENT BUSINESS INFORMATION

FIRM NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX \_\_\_\_\_ CELL \_\_\_\_\_

BUSINESS EMAIL ADDRESS: \_\_\_\_\_

BUSINESS WEBSITE ADDRESS: \_\_\_\_\_

BUSINESS CONTACT PERSON: \_\_\_\_\_

HAS THE OWNERSHIP OF YOUR BUSINESS CHANGED?  YES  NO  
*(If so, please provide supporting documentation)*

HAS THE BUSINESS STRUCTURE CHANGED? (i.e., Changed from a Sole Proprietor to a LLC)  
 YES  NO *(If so, please provide supporting documentation)*

HAS THE *MANAGEMENT OF YOUR BUSINESS* CHANGED?  YES  NO  
*(If so, please provide supporting documentation)*

EMPLOYER IDENTIFICATION NUMBER (EIN) \_\_\_\_\_

AASHTOWare VENDOR ID: \_\_\_\_\_  
*(if none, please register here: <https://iris-vss.alaska.gov/>)*

FOR BIDDING OPPORTUNITIES PLEASE REGISTER YOUR BUSINESS  
<https://dot.alaska.gov/procurement/index.shtml>

WHICH AREA OF THE STATE DO YOU WISH TO PROVIDE YOUR SERVICES?

Northern Region  Central Region  Southcoast Region

WHAT IS YOUR FIRM'S BONDING LIMIT? \_\_\_\_\_  
*(Please provide supporting documentation)*

\_\_\_\_\_  
Signature of Business Owner

\_\_\_\_\_  
Date

**DESCRIBE THE CHANGES TO YOUR BUSINESS OWNERSHIP:**

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**DESCRIBE THE CHANGES TO YOUR BUSINESS STRUCTURE:**

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**DESCRIBE THE CHANGES TO YOUR BUSINESS MANAGEMENT:**

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## EMPLOYEE LIST

Please list full time, part time and temporary employees below:

	NAME	TITLE
1		
2		
3		
4		
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