#### Commonwealth of Virginia Unified Certification Program

Title:

## **Alaska Native Corporation (ANC) DBE Application**

Please complete the following carefully.

**Contact Information** 

1) Contact Person:

#### 7 cbHJWhInformation

2) Legal Name of Firm:

FEIN:		Certification No.:
3) Phone:	4) Other Phone	e: 5) Fax:
6) Email for Certificat	tion**:	Email for Public Directory:
7) Website:		
8) Street Address of	Firm (No P.O. Box):	City, State, Zip:
9) Mailing Address of	f Firm (if different):	City, State, Zip:
Please list NAIC     NAICS Code	_	revices m works. (see <a href="https://www.census.gov/eos/www/naics/">https://www.census.gov/eos/www/naics/</a> )
NAICS Code	Work Description	
	•	

#### **Section 3: MAJORITY OWNER INFORMATION**

A. Identify the majority owner of the firm holding 51% or more ownership interest. (1) Full Name: (3) Home Phone #: (2) Title: +'aaaaa''/'aaaaaaaaaaaaaaaaaaaaaaaaaa" aaaaaaaaaaaaaaaaaaaaa" (4) Home Address \*Untggv'cpf 'Pwo dgt + State: Zip: aaaaaaaaaaaaaaaaaa aaaaaaaa aaaaaaaaaaaa (8) Number of years as owner daaaaaaa (5) Gender< O crg'" (9) Percentage owned<"aaaaaaaaaaa" " Hgo cng """"Ercuu'qh'uvqen'qy pgf <aaaaaaaaaa" """F cvg"ces wktgf "aaaaaaaaaaaaaaaaa" (6) Ethnic group membership \*Ej gem'cm'\vert\vert \times \vert\vert \times \vert \times \vert \ (10) Initial investment to "" V{rg"" Fqmct Xcmg" J kur cpke"""""" acquire ownership'"""""Ecuj " Cukep'Reekhke'"" Pcvkxg'Co gtlecp interest in firm<""""Tgcn'Gucvg'"& "Uwdeqpvkpgpv'Cukcp" Qyi gt"\*ur gell/[+"aaaaaaaaaaaaaaaaaaa" F guetkdg'j qy "{qw'ces wktgf "{qwt 'dwukpguu<" (7) U.S. Citizenship:"" Uctvgf 'dwukpguu'o {ugrh'" W0.00'Ekkl gp""""" Ney hwm 'Cf o kwgf 'Rgto epgpv'Tgukf gpv **B.** Additional Owner Information (1) Describe familial relationship to other owners and employees< (2) Does this owner perform a management or supervisory function for any other business? (3)(a) Does this owner own or work for any other firm(s) that has a relationship with this firm? \*g@ @ qy pgtuj kr" kpvgt guv. "uj ct gf "qHkeg"ur ceg. "Hipcpekcn'hpxguvo gpvu. "gs wkr o gpv. "rgcugu. "r gt uqppgn'uj ct kpi . "gve0+ Kf.gpvkh{ "vj.g"pco.g"qh"vj.g"dwukpguu. "cpf "vj.g"pcwtg"qh"vj.g"tgrcvkqpuj.kr. "cpf "vj.g"qy.pgtøu"hvpevkqp"cv'vj.g"hkto <" (b) Does this owner work for any other firm, non-profit organization, or is engaged in any other activity (4)(a) What is the personal net worth of this disadvantaged owner applying for certification? &\_ (b) Has any trust been created for the benefit of this disadvantaged owner(s)? \*Kil gu. {qw'o c{ "dg"cungf "\q"rtqxkf g"c "eqr{ "qh'vj g \tanuv kpunt wo gpv+0" (5) Do any of your immediate family members, managers, or employees own, manage, or are associated with another company? [ gu" Pq"Ki[ gu. rtqxkfg'i gkt'pco g. tgrcvlqpui kr. eqo rcp{.'v/rg'qh'dwukpguu.cpf"

#### Section 3: OWNER INFORMATION, Cont'd.

A. Identify all individuals, firms, or holding companies that hold LESS THAN 51% ownership interest in the firm \*Cwcej ugrctcvg'uj ggw'lqt 'gcej 'cff kkqpcn'qy pgt+

(1) Full Name: aaaaaaaaaaaaaaaaaaaaaaaaaaaaa"	(2) Title:	aaaaa	naaaaaaaaaa"	` /	e Phone #: .aaa''/''aaaaa	aaaaaaaaaaaaaaaaaaaa"
(4) Home Address *Unggv'cpf 'Pwo dgt + aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	a	City:   State:   Z			Zip: aaaaaaaaaaaaa	
(5) Gender O crg''' Hgo crg  (6) Ethnic group membership *Ej genic  Drcem''''''''''' J kur cpke''''''''  Cukcp''Rcekhke'''''''' P cvkxg'C o gt kecp ''Uwdeqpvkpgpv'Cukcp''  Qvj gt''*ur gelu(+"aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	(8) Number of years as owner daaaaaaa (9) Percentage owned daaaaaaaaa" """""Emuu'qh'uqem'qy pgf daaaaaaaaaa" """""F cvg''ces wktgf "aaaaaaaaaaaaaaa"  (10) Initial investment to """V{r g'""""""""""""""""""""""""""""""""""""					
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B. Additional Owner Information (1) Describe familial relationship to o aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	aaaaaaaaaaa aaaaaaaaaaaa aaaaaaaaaaaa	aaaaa aaaaa aaaaa	aaaaaaaaaaaaa aaaaaaaaaaaaaa aaaaaaaaa	1aaaaaaaa 1aaaaaaaa	aaaaaaaaaa aaaaaaaaaaa	aaaaaaaaaaaaaa aaaaaaaaaaaaaa"
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(3)(a) Does this owner own or work for kpygtgun: "tij et gf "qHkeg"ur eeg. "hpepekenkpyguno gp K gpykh{ "y g"pco g"qh'y g"dwukpguu. "epf "y aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	nu."gs wkro gpv."rg i g"pcwtg"qh"y aaaaaaaaaaaa er firm, non- <sub>l</sub>	cugu."r g"tgm aaaaa profit	gtuqppgnuj ctkpi ."g vkqpuj kr ."cpf "vj aaaaaaaaaaaaaa organization,	ne⊕ [g g''qy pgtøu aaaaaaaa or is enga	u''' Pq''' 'hwpedqp''cv'd aaaaaaaaaa ged in any o	j g'hko <' aaaaaaaaaaaaaa ther activity
(4)(a) What is the personal net worth	of this disad	vanta	ged owner app	lying for	certification	? &
(b)Has any trust been created for the ***Mi[ gu."{ qw'o c{ "dg"cungf "\q"rtqx\lf g"c"eqr{			_	ner(s)?	[gu'" Pq	I
(5) Do any of your immediate family with another company? [ gu						

#### **Section 4: CONTROL**

#### A. Identify your firm's Officers and Board of Directors \*\*Micff kkapenturceg'hu't gs wkt gf. "cwcej "c'ugret evg'hij ggv-k"

	Name	Title	Date Appointed	Ethnicity	Gender
(1) Officers of the Company	*c+				
	*d+				
	*e+				
	*f+				
(2) Board of Directors	*c+				
	*d+				
	*e+				
	*f+				

# (3) Do any of the persons listed above perform a management or supervisory function for any other business? [gu''' Pq Ki'[gu.''kf gpvkh{ 'hqt''gcej <"'

# (4) Do any of the persons listed in section A above own or work for any other firm(s) that has a relationship with this firmA\*g0 0 qy pgt uj kr 'kpvgt gux ''uj ct gf ''qllkeg''urceg. ''kpcpekcrlkpxguxo gpvu ''gs wkr o gpv. ''ngcugu. ''r gt uqppgn'uj ct kpi . ''gveO+ [gu" Pq''''''Ki'] gu. 'kf gpvkh{ 'hqt ''gcej <''

#### B. Duties of Owners, Officers, Directors, Managers, and Key Personnel

1. \*If gpvkl("{qwt 'lkto ou'o cpci go gpv'r gtuqppgn'y j q"eqpvtqn'{qwt 'lkto 'kp"ij g'hqnqy kpi "ctgcu'\*Cwcej 'lugrctcvg''uj ggw'cu'pggf gf +0

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2. Complete for all Officers, Directors, Managers, and Key Personnel who control the following functions for

the firm0\*Cwcej 'lugrctcvg'luj ggwl'cu'pggf gf +0

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### AFFIDAVIT OF ANC DBE ELIGIBILITY

(title) of
of perjury that the information in this application is true and that this firm meets the DBE eligibility requirements of aska Native Corporations (ANCs).
OBE certification under any other programs. I acknowledge
ersity (VDSBSD) hereby reserves the right to make
application and status as an eligible DBE.
of any changes in ownership and/or control or any other rogram.
Signature:
Date:
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**IMPORTANT NOTE:** In the Commonwealth of Virginia, any false statement is sufficient cause for denial of DBE certification, revocation of a prior approval or suspension, and may subject the person and/or entity making the false statement to any and all civil and criminal penalties under applicable federal and state laws.