South Carolina DBE Interstate Certification Process

The SCDOT will consider all firms seeking DBE certification in South Carolina if the applicant’s firm is currently certified in their home state. Certification is dependent on a review of the current home state certification in accordance with Federal regulations 49 CFR 26.85.

If a firm in another state is interested in DBE certification, the following will apply:

The applicant must submit:

- A complete copy of the DBE application and all supporting documents submitted to the home state DOT/UCP
- Copies of the DBE certification issued by the home state
- Copies of the DBE certification/denial of certification issued by any other state and any requests for a certification appeal
- Copies of personal and business Federal tax returns for the most recent three years (No State Tax Returns)
- A current personal net worth statement dated and signed on the date of the SCDOT application
- An Affidavit (attached) indicating the DBE certification application is correct and current
- On-sites that are more than (3) years old may be accepted if the applicant completes an affidavit attesting the facts on the on-site report remain true and correct
- SCDOT will complete applications reviews within sixty (60) calendar days
- Applicants found to be ineligible for certification will be notified by letter within sixty (60) calendar days and given an opportunity to respond in person or writing
- Only complete applications will be considered for certification
- Ensure documented proof of your initial investment is included in accordance with 49 CFR 26.69(c) & i(1)

Mail to:
Office of Civil Rights Programs
Suite 117
955 Park Street
Columbia, SC 29201

Call the Office of Civil Rights Programs at 803-737-1372 if you have any questions.
STATE OF _____________________ )

COUNTY OF _____________________ )

Name of Applicant Firm: _______________________________________________

PERSONALLY APPEARED BEFORE ME the undersigned, who being duly sworn, says that:

(1) I am the majority owner of the above firm and I control the firm as required by the DBE regulations set forth in 49 CFR part 26.

(2) There have been no changes in the circumstances of the firm since the date it was certified which would affect its ability to meet the DBE eligibility requirements concerning size, disadvantaged status, ownership, or control as set forth in 49 CFR part 26.

(3) There have been no material changes in the information provided in the firm’s initial application for certification with _____________________________ (Home State DOT/UCP).

(4) I have submitted all of the information required by 49 CFR 26.85(c)(1) and it is an identical copy of the information submitted to my home state.

SWORN TO BEFORE ME THIS

_____ day of ______., 20__

___________________________ (Printed name of owner)

____________________________(Affix Seal) _____________________________(Signature of owner)

NOTARY PUBLIC FOR _________________________________

My commission expires: _________________________________
DBE SPOUSAL RENUNCIATION OF RIGHTS
AFFIDAVIT

My name is (Spouse of DBE owner): ___________________ _

My spouse ___________________ _ owns and controls:
________________________ (the “DBE Firm”).

I hereby irrevocably deny and/or renounce any and all present managerial or financial
involvement and/or ownership interest in the DBE Firm.

Should I become in any way involved in the operation or ownership of the DBE Firm, I
shall notify the Certifying Agency immediately.

I have not signed this Affidavit through any coercion, fraud or duress.

I realize that this document may be used in any court proceeding.

Print Name..............................................................Signature

Mailing Address..........................................................Daytime Telephone (include area code)

City, State, Zip Code....................................................Date

Reference 49 CFR 26.69

Notary Certificate

State of _____________________________

County of _____________________________

Subscribed and sworn to before me this ____ day of ________________, 20__

_________________________ ___________________________
Signature of Notary Public Printed or typed name of Notary Public

__________________________ ___________________________
County of residence Date Commission expires