# SOUTH CAROLINA UNIFIED CERTIFICATION PROGRAM

Disadvantaged Business Enterprise (DBE)/Airport Concession Disadvantaged Business Enterprise (ACDBE)

# REEVALUATION

## SOCIAL AND ECONOMIC DISADVANTAGE PERSONAL NARRATIVE (PN) GUIDE AND FORM

This Form and a Personal Net Worth Statement must be submitted for each disadvantaged owner(s) that make up at least 51% ownership of the firm.

The purpose of the PN is to demonstrate that an individual is socially and economically disadvantaged in accordance with USDOT's October 3, 2025, Interim Final Rule (IFR). The determination of social and economic disadvantage cannot be based in whole or in part on race or sex presumptions.

General PN Guidelines:

- **Explain in Your Own Words** – Describe specific situations you have experienced that establish the existence of social and economic disadvantage by a preponderance of evidence.
- **Be Factual and Specific** – Include incidents and experiences of economic hardship, systemic barriers and denied opportunities within American society that held you back from succeeding in education, employment or business. *The narrative should include:*
  - Who - who committed the action for your experience
  - What - the conduct that caused disadvantage
  - When - occurrence/time period
  - Where - place experience occurred in American Society
  - Why - reasons the conduct was more likely motivated by a systemic barrier or disadvantage than other non-disadvantage reasons
  - How - details on how each instance of disadvantage impacted your entry into or advancement in the business world.
- **Personal Experiences** – Explain how these situations have caused you economic or financial harm and held you back from success as compared to other similarly situated non-disadvantaged individuals.
- **Provide Supportive Documentation** – Submit evidence to prove your claims such as loan denials, rejection letters for jobs or contracts, pay disparities, tax documents (if applicable), bank statements, etc.
- **You can cite individualized instances tied to Race or Sex NOT group-based presumptions to demonstrate social and economic disadvantage.** The IFR removes race and sex-based presumptions from the definitions of "socially and economically disadvantaged individual".

Personal Net Worth (PNW) Statement:

- A PNW Statement must be submitted by EACH disadvantaged owner(s) that make up at least 51% ownership of the firm to demonstrate their economic disadvantage. The PNW form is included in this packet.

**Firms NOT Located in South Carolina:**

If South Carolina is not your original JOC, you must become recertified in your home state. If you are recertified by your original JOC, you may reapply for interstate certification with SCUCP.

**Instructions for Firms NOT Planning to Recertify:**

If you do not plan to recertify, please send a written withdrawal

**VIA EMAIL (preferred)**

DBECertification@scdot.gov

OR

**VIA MAIL**

South Caroling Department of Transportation
Disadvantaged Business Enterprise Office - Certification
955 Park Street, Suite 117
Columbia, South Carolina 29201

If you need additional guidance or have specific questions regarding completing this form, please contact our office via email at DBECerification@scdot.gov or via phone at 803-737-1372.

# REEVALUATION

## SOUTH CAROLINA UNIFIED CERTIFICATION PROGRAM
## SOCIAL AND ECONOMIC DISADVANTAGE
## PERSONAL NARRATIVE (PN) FORM

This Form and a Personal Net Worth Statement must be submitted for each disadvantaged owner(s) that make up at least 51% ownership of the firm.

## SECTION 1: GENERAL INFORMATION

**Legal Name of Firm:** _____

**Other Business Name (if different):** _____

**Business Address:** _____ **City:** _____ **State:** _____ **Zip:** _____

**Federal Employer ID Number:** _____ **Email:** _____

**Phone Number:** _____

**Owner Name:** _____ **Owner Title:** _____

**Ownership:** _____ % **Owner's Personal Net Worth** (as reported on PNW Statement)**:** _____

## SECTION 2: SOCIAL AND ECONOMIC DISADVANTAGE NARRATIVE GUIDELINES

- Provide a summary of how you are disadvantaged based on your own experiences and circumstances that occurred within American society.
- The narrative may be applicable to the following three areas. At least one of the applicable areas must be completed:
  - Education
  - Employment
  - Business
- Be specific about hardships experienced, barriers, challenges
- Include examples and supportive documentation as applicable.
- Explain how your experience is different compared to similarly situated non-disadvantaged individuals.
- **You can cite individualized instances tied to Race or Sex NOT group-based presumptions to demonstrate social and economic disadvantage.**

**PLEASE NOTE:**

**This form should only be completed by firms where South Carolina is the original Jurisdiction of Certification (JOC) or home state.**

## A. EDUCATION NARRATIVE

*If this section does not apply to you, enter "Not Applicable" or "N/A".*

Include specific details related to education to clearly demonstrate your experience(s). Describe who, what, when, where, why and how the disadvantage occurred. *Attach additional sheets as needed.*

Education may include, but are not limited to:

- Denied or limited access to schools or institutions of higher education and vocational training
- Exclusion from social and professional associations with students and teachers
- Denial of educational honors rightfully earned
- Social patterns or pressures that discourage the pursuit of a professional or business education
- Health (physical/mental/social well-being) and disability – lives with physical/mental disabilities, etc. creating barriers in society

**NARRATIVE CHECKLIST**

Ensure your narrative below includes the following:

- Specific Personal Details ☐
- Impact/Barriers/Challenges ☐
- Occurrence(s)/Time Period(s) ☐
- Supportive Documentation ☐

| | |
|---|---|
| **Who:** | |
| **What:** | |
| **When:** | |
| **Where:** | |
| **Why:** | |
| **How:** | |

**Details:**

## B. EMPLOYMENT NARRATIVE

*If this section does not apply to you, enter "Not Applicable" or "N/A".*

Include specific details related to employment to clearly demonstrate your experience(s). Describe who, what, when, where, why and how the disadvantage occurred. *Attach additional sheets as needed.*

Employment may include, but are not limited to:

- Difficulty or limited advancement opportunities
- Unequal treatment in hiring, promotions and other aspects of professional advancement, pay and fringe benefits, and other terms and conditions of employment
- Retaliatory behavior by an employer
- Social patterns or pressures which have channeled the individual into non-professional or non-business fields
- Health (physical/mental/social well-being) and disability – lives with physical/mental disabilities, etc. creating barriers in society

**NARRATIVE CHECKLIST**

Ensure your narrative below includes the following:

- Specific Personal Details ☐
- Impact/Barriers/Challenges ☐
- Occurrence(s)/Time Period(s) ☐
- Supportive Documentation ☐

| | |
|---|---|
| **Who:** | |
| **What:** | |
| **When:** | |
| **Where:** | |
| **Why:** | |
| **How:** | |

**Details:**

## C. BUSINESS NARRATIVE

*If this section does not apply to you, enter "Not Applicable" or "N/A".*

Include specific details related to business to clearly demonstrate your experience(s). Describe who, what, when, where, why and how the disadvantage occurred. *Attach additional sheets as needed.*

Business may include, but are not limited to:

- Economic hardship
- Unequal access to credit or capital
- Acquisition of credit or capital under commercially unfavorable circumstances
- Unequal treatment in opportunities for government contracts or other work
- Unequal treatment by potential customers, business associates or partnerships
- Exclusion from business or professional organizations
- Health (physical/mental/social well-being) and disability – lives with physical/mental disabilities, etc. creating barriers in society

**NARRATIVE CHECKLIST**

Ensure your narrative below includes the following:

- Specific Personal Details ☐
- Impact/Barriers/Challenges ☐
- Occurrence(s)/Time Period(s) ☐
- Supportive Documentation ☐

| | |
|---|---|
| **Who:** | |
| **What:** | |
| **When:** | |
| **Where:** | |
| **Why:** | |
| **How:** | |

**Details:**

## SECTION 3: SUBMISSION OPTIONS

**Send this completed form and the Personal Net Worth Statement to SCDOT**

**VIA EMAIL (preferred)**
DBECertification@scdot.gov

OR

**VIA MAIL**
South Caroling Department of Transportation
Disadvantaged Business Enterprise Office - Certification
955 Park Street, Suite 117
Columbia, South Carolina 29201

## SECTION 4: ACKNOWLEDGEMENT & CERTIFICATION STATEMENT

By signing you agree that you are accurately representing yourself and role in the firm seeking recertification. SCDOT may request additional information or clarifications to the narratives provided.

**Be sure to sign both the SCUCP Reevaluation Personal Narrative form (below) and the completed USDOT Personal Net Worth Statement form (included in this packet).**

**I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

| Owner's Name (printed) | Owner's Signature | Date |
|---|---|---|

U.S. Department of Transportation

OMB APPROVAL NO: 2105-0586
EXPIRATION DATE: (05/31/2027)

**DBE/ACDBE PNW Statement**

## Paperwork Reduction Act Burden Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2105-0586. Public reporting for this collection of information is estimated to be approximately 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information.

All responses to this collection of information are mandatory 49 CFR § § 26.67, 26.68; the nature and extent of confidentiality to be provided, if any (49 CFR §§ 23.35, 23.39, 26.83(d) and 26.109(b)]. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, (your agency name and address), Washington, D.C. 20590.

## Privacy Act Statement (5 U.S.C. § 552a, as amended):

AUTHORITY: 42 U.S.C. 2000d *et seq.*, § 12101 *et seq.*, 42 U.S.C. 6101 *et seq.*; 29 U.S.C. 794, 749d; 49 U.S.C. 47113; 42 U.S.C. 12101; 49 CFR Part 23; 49 CFR Part 26, and Executive Order 13160.

**PURPOSE(S):** DOT will use the information collected to respond to Disadvantaged Business Enterprise (DBE) and Airport Concession Disadvantaged Business Enterprise (ACDBE) inquiries and adjudicate appeals.

**ROUTINE USE(S):** In accordance with DOT's system of records notice, DOT/ALL–24 Departmental Office of Civil Rights System, 76 FR 71108 (Nov. 16, 2011), the information provided may be disclosed to the U. S. Department of Justice, including United States Attorney's Offices, or other Federal agency conducting litigation or in proceedings before any court, adjudicative or administrative body, when it is necessary to the litigation and one of the following is a party to the litigation or has an interest in such litigation. A comprehensive list of routine uses can be found in DOT/ALL 24 and DOT's General Statement of Routine uses, 75 FR 82138 (Dec. 29, 2010). 77 FR 42796 (July 20, 2012), 84 FR 55222 (Oct. 15, 2019).

**DISCLOSURE:** Provision of the requested information is voluntary; however, failure to furnish the requested information may result in the denial of a DBE or ACDBE application and an inability of the Department to process an appeal or inquiry from any party.

U.S. Department of Transportation

OMB APPROVAL NO: 2105-0586
EXPIRATION DATE: (05/31/2027)

# INSTRUCTIONS

An individual's personal net worth according to 49 C.F.R. Parts 23 and 26 includes assets and liabilities that she or he owns or is deemed to own without regard to community property or equitable distribution laws.

If the personal net worth of the majority owner(s) of the firm exceeds the PNW cap posted online at https:/www.Transportation.gov/DBEPNW, as defined by 49 C.F.R. Parts 23 and 26, the firm is not eligible for DBE or ACDBE certification.

Provide all Worksheets. Provide documents to support each entry. If you have any questions about completing this form, contact the certifying agency.

## Assets

Report assets at their current fair market values as of the date of your PNW form. In cases of joint ownership, report only the value of your ownership unless Worksheet directs otherwise. Do not report the value of the applicant firm.

**Cash and Cash Equivalents:** Enter total from Worksheet 1.

**Investment Accounts and Individual Securities:** Enter total from Worksheet 2.

**Real Estate:** Enter total from Worksheet 3.

**Personal Property and Other Assets:** Enter total from Worksheet 4.

**Ownership in Other Businesses:** Enter total from Worksheet 5.

**Life Insurance:** Enter total from Worksheet 6.

**Amounts Owed to You:** Enter total from Worksheet 7.

**Assets Held in Trust:** Enter total from Worksheet 8.

**Transfers Within Preceding Two Years**: If you transferred assets worth at least $20,000 in aggregate to related parties within the last two years, enter total from Worksheet 9. *Exclude transfers to applicant or DBE.*

Relatives include your spouse or domestic partner, children (whether biological, adopted, or stepchildren), siblings (including stepsiblings and those of the spouse or domestic partner), and parents (including stepparents and those of the spouse or domestic partner). Related entities include for-profit privately held companies of which any relative is an owner, officer, director, or equivalent; and family or other trusts of which you or any relative is grantor, trustee, or beneficiary, except when the transfer is irrevocable. See 49 C.F.R. 26.68(c)(7)-(9).

## Liabilities

Report current balances. Report only your own, direct liabilities. *Do not report* guarantees or other contingent liabilities. *Do not report* business debt, debt secured by retirement assets, or any amount you owe, directly or indirectly, to the applicant or DBE.

**Mortgages:** Enter total from Worksheet 10.

**Loans on Life Insurance:** Enter total from Worksheet 11.

**Other Liabilities:** Enter total from Worksheet 12.

## Other Information

Retirement Assets. Complete Worksheet 13 but *do not* enter value on PNW Statement.

Primary Residence. Complete Worksheet 14 but *do not* enter value on PNW Statement.

## Declaration

You must sign and date the statement.

U.S. Department of Transportation

OMB APPROVAL NO: 2105-0586
EXPIRATION DATE: (05/31/2027)

# Personal Net Worth Statement

As of _____

This form is used by all participants in the U.S. Department of Transportation's Disadvantaged Business Enterprise (DBE) and Airport Concession DBE (ACDBE) Programs. Each individual owner of a firm applying to participate as a DBE or ACDBE, whose ownership and control are relied upon for DBE certification must complete this form. Each person signing this form authorizes the certifying agency to make inquiries as necessary to verify the accuracy of the statements made. The agency you apply to will use the information provided to determine whether an owner is economically disadvantaged as defined in the DBE program regulations 49 C.F.R. Parts 23 and 26. Return form to appropriate certifying agency, not U.S. DOT.

| | | | |
|---|---|---|---|
| **Name** | | | |
| **Residence** (As reported to the IRS) Address, City, State, and Zip Code | | | |
| **Company's Legal Name** | | **Phone:** | |
| **Marital Status:** ☐ Single ☐ Married/Domestic Partnership | | **Business Phone:** | |
| **Assets** | (Omit Cents) | **Liabilities** | (Omit Cents) |
| 1. Cash and Cash Equivalents (checking and savings accounts, CDs etc.) (Complete Worksheet 1) | | 10. Mortgages on Real Estate Other Than Primary Residence (Complete Worksheet 10) | |
| 2. Investment Accounts and Individual Securities (Complete Worksheet 2) | | 11. Loans on Life Insurance (Complete Worksheet 11) | |
| 3. Value of Your Ownership Interest in Real Estate, Excluding Primary Residence (Complete Worksheet 3) | | 12. Other Liabilities (Complete Worksheet 12) | |
| 4. Personal Property and Other Assets (Complete Worksheet 4) | | | |
| 5. Ownership in Other Businesses (Complete Worksheet 5) | | | |
| 6. Life Insurance (Cash Surrender Value) (Complete Worksheet 6) | | | |
| 7. Amounts Owed to You (Complete Worksheet 7) | | | |
| 8. Assets Held in Trust (Complete Worksheet 8) | | | |
| 9. Assets Transferred to Related Parties Within the Past Two Years (Complete Worksheet 9) | | | |
| Total Assets: | | Total Liabilities: | |

**Personal Net Worth**:

# Worksheets

***Worksheet 1—List Cash and Cash Equivalents (checking or savings accounts CDs etc.) (Attach additional sheets as necessary)***

| Cash/Account | Balance |
|---|---|
| | |
| | |
| | |
| | |
| | |

*Total* _____

***Worksheet 2—Investment Accounts and Individual Securities (e.g., Brokerage and Custodial accounts, stocks, bonds) (Full Value) (Attach additional sheets as necessary)***

| Account or Security Name and Number | Value |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

*Total* _____

***Worksheet 3—Real Estate Other than Primary Residence (Attach additional sheets as necessary)***

| | Property 1 | Property 2 | Property 3 |
|---|---|---|---|
| Type of Property | | | |
| Address | | | |
| Date Acquired | | | |
| Purchase Price | | | |
| Present Market Value | | | |
| Source of Market Valuation | | | |

*Total* _____

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EXPIRATION DATE: (05/31/2027)

***Worksheet 4—Personal Property and Other Assets (Attach additional sheets as necessary)***

| Type of Property or Asset | Is this asset insured? | Value |
|---|---|---|
| Vehicles (e.g., cars, trucks, recreational vehicles, motorcycles, boats, etc.) and titled in your name or of which you are the primary operator. (Itemize) | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Household Property (total value) | | |
| Artwork (total value) | | |
| Jewelry (total value) | | |
| Other collectables (total value) | | |
| | | |
| Amounts owed to you (e.g., loans to others, including companies) (Itemize) | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Other (e.g., livestock, farm equipment, greenhouse) | | |
| | | |
| | | |
| | | |
| | | |

*Total* _____

***Worksheet 5—Ownership in Other Business Investments (excluding applicant firm) Sole Proprietorships, General Partners, Joint Ventures, Limited Liability Companies, Closely-held and Public Traded Corporations. (Attach additional sheets as necessary)***

| | **Business 1** | **Business 2** | **Business 3** | **Business 4** |
|---|---|---|---|---|
| Business name | | | | |
| Address | | | | |
| Value | | | | |

*Total* _____

***Worksheet 6— Life Insurance (do not list term life insurance) (Attach additional sheets as necessary)***

| **Policy** | **Insurance Company** | **Cash Surrender Amount** |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

*Total*_____

***Worksheet 7—Amounts Owed to You ( loans to other individuals and entities including applicant firm) (Attach additional sheets as necessary)***

| Debtor | Description | Balance |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

*Total*_____

***Worksheet 8—Assets Held in Trust (Attach additional sheets as necessary)***

| Trust Name | Description/Additional Information | Value |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

*Total* _____

***Worksheet 9— Assets Transferred to Related Parties Within the Past Two Years (Attach additional sheets as necessary)***

| Asset | Description | Value |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

*Total* _____

***Worksheet 10—Mortgages on Real Estate Other Than Primary Residence (Itemize by loan, attaching additional sheets if necessary)***

| | Property 1 | Property 2 | Property 3 |
|---|---|---|---|
| Type of Property | | | |
| Address | | | |
| Name of all Mortgage Holders | | | |
| Loan Balance | | | |

*Total* _____

***Worksheet 11— Loan on Life Insurance (do not list term life insurance) (Attach additional sheets as necessary)***

| Policy | Insurance Company | Loan Amount |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

*Total* _____

***Worksheet 12—Other Liabilities (Attach additional sheets as necessary)***

| Type of Debt | Creditor | Amount of Liability (Balance) |
|---|---|---|
| Loans on Motor Vehicles (itemize) | | |
| | | |
| | | |
| | | |
| | | |
| Loans Secured by Property Other Than Real Estate or Vehicles | | |
| | | |
| | | |
| | | |
| Loans Secured by Property Other Than Real Estate or Vehicles | | |
| | | |
| | | |
| | | |
| Unpaid Taxes (fixed in amount and currently due) | | |
| | | |
| | | |
| | | |
| Any Other Amount, Not Reported Above, That You Currently Owe (itemize and describe) | | |
| | | |
| | | |
| | | |
| | | |

*Total* _____

***Worksheet 13—Retirement Accounts (Attach additional sheets as necessary)***

| Account Name | Value |
|---|---|
| | |
| | |
| | |
| | |
| | |

*Total*_____

***Worksheet 14--Primary Residence***

| | |
|---|---|
| Address | |
| Date Acquired | |
| Purchase Price | |
| Market Value | |
| Source of Market Valuation | |

# Declaration

I declare under penalty of perjury that the information provided in this personal net worth statement and supporting documents is complete, true and correct. I declare that no assets have been transferred to any beneficiary for less than fair market value in the last two years. I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application and this personal net worth statement, and I authorize such agency to contact any entity named in the application or this personal financial statement, including the names banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility. I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

_____ _____

Signature (DBE/ACDBE Owner) Date