



CLARK COUNTY DEPARTMENT OF AVIATION ACDBE/DBE RECERTIFICATION

The information requested in this application is necessary to determine whether your firm continues to qualify as a *bona fide* Disadvantaged Business Enterprise (DBE) according to the guidelines established by the Code of Federal Regulations (CFR) 49, Part 26, Subparts D and E.

Forms to Complete

- DBE Recertification Application
- Supplemental Information
- Statement of Social Disadvantage
- Personal Financial Statement

Documentation

The minimum documentation required for recertification must be attached with each application (ALL ITEMS NOT APPLICABLE MUST BE SO INDICATED WITH N/A). The process cannot be completed until all these documents are submitted. Additional documents may be required at the discretion of the DBE Liaison officer.

Submission of this application indicates that you understand and accept the conditions for participation in the Clark County Department of Aviation Disadvantaged Business Enterprise Program:

1. Applicant agrees to permit the Clark County Department of Aviation and its representatives access to inspect the applicant's place(s) of business.
2. Applicant agrees to notify Clark County Department of Aviation of any changes in information supplied in this application.
3. The Clark County Department of Aviation reserves the right to require further information for the applicant prior to or during the recertification process.

Submit recertification application to:

Dolores P. Leyva
DBE/ACDBE Liaison
Clark County Department of Aviation
PO Box 11005
Las Vegas, NV 89111

Site Visits

If it is determined that a site visit is necessary, it will be performed by the Clark County Department of Aviation staff or its consultants prior to recertification.

Process

The recertification application review process takes approximately 45 days, but can take up to 90 days in some instances. Upon completing the review, you will receive a recertification or denial letter. If you are denied certification, you will be notified in writing of the reasons and the appeal procedure. Once you have been recertified, the certificate issued is effective for three years. Annually, you must submit an Annual Update Application and affidavit of "No Change" as well as gross receipts information.

RECERTIFICATION APPLICATION (DISADVANTAGED BUSINESS AFFIDAVIT)

Application Date _____

1. FIRM PROFILE

Name of Firm: _____

Federal Identification Number: _____

Contact Person: _____ Title _____

Mailing Address: _____
Street City / State Zip Code

Business Address: _____
(If Different, No P.O. Box) Street City / State Zip Code

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Are Business address and/or business phone number also a residence address or phone number? ___ Yes ___ No
 If yes, please explain in Item 7C.

2. TYPE OF BUSINESS

Indicate the nature of the firm's business with a check mark and **describe** trade classifications for which you are seeking certification.

- Construction
 Professional Services
 Supplier
 Concession
 Manufacturer
 Other

3. FIRM QUALIFICATIONS

A. Is firm authorized to do business in Nevada? Yes No, Date this firm was established _____

B. Attach copies of the firm's active business license(s) and other pertinent licenses or permits.

C. For each license/permit attached, indicate:

NAME OF LICENSE	NAME OF LICENSED QUALIFYING INDIVIDUAL	DATE LAST RENEWED

4. OWNERSHIP OF THE FIRM

A. Percent Ownership: _____% Women _____% Minority

B. Type of Ownership: Sole Proprietor Partnership Corporation LLC
Joint Venture Other Business Entity _____

C. List all owners who have a 5% or more interest:

NAME	ETHNICITY	SEX	DATE OF OWNERSHIP	PARTNERSHIP % VOTE %	NUMBER OF SHARES (CORP. ONLY)	U.S. CITIZEN OR RESIDENT

Has the ownership of the company changed since the last certification by the CCDOA? If so, please explain and attach supporting documentation evidencing the change.

D. List any additional contributions (of money, equipment, real estate, etc.) made to the company since the last certification by the CCDOA.

E. Describe or attach a copy of any stock options or other ownership options that are outstanding and any agreements between owners, or between owners and third parties which restrict ownership or control of disadvantaged owners.

F. State the amount of all compensation, income, payments, revenue, reimbursements and distributions of any kind each owner is entitled to receive and/or accrue from the applicant firm.

NAME	CURRENT ANNUAL SALARY	TOTAL DIVIDENDS FOR PAST 2 YEARS	*TOTAL DEBT REPAYMENT	*TOTAL OTHER COMPENSATION
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

* If these columns apply, please attach an explanation for these items

G. If Applicant is a corporation, partnership or LLC, please provide the name, position, and date elected (if applicable) for each officer, director, partner, member, etc.:

NAME	POSITION(S) **	DATE(S) ELECTED

** For corporations: Indicate whether director, and if officer, state position as well. For partnerships/LLCs: Indicate all that apply - either general, limited, or managing partner, and/or management committee member

H. Has the Board of Directors, Officers, governing body or membership changed within the last three years?
 Yes No, If yes, attach a list of the names of the former participants.

5. MANAGEMENT OF THE FIRM

A. The following duties are actually performed by the persons named below: (check with * all authorized check signers).

MANAGEMENT TASK	NAME	REPORTS TO
Proposal, estimate and bid writing		
Hiring and firing of management personnel		
Purchasing of major equipment and supplies		
Financial control		
Contract negotiation and approval		
Contract administration		
Determines jobs firm will undertake		
Marketing and sales		
Warehouse and inventory control		
Field supervision		

B. For each person listed above attach a brief summary of the person's experience, and number of years with the firm, indicating the person's qualifications for the responsibility given him or her.

C. Identify any owner or management official of the named firm who is or has been an employee of another firm that has an ownership interest in or a present business relationship with the named firm. Present business relationships include shared space, equipment, financing or employees, as well as both firms having the same owners. Describe in Item 6C.

D. What were the firm's gross receipts (including *all* affiliates) and number of employees for the last three (3) years.

Year Ending	Amount	Employees
Year Ending	Amount	Employees
Year Ending	Amount	Employees

E. List all sources and amounts of money loaned to the firm.

DATE	SOURCE	AMOUNT

6. CERTIFICATION INFORMATION

A. Has this firm been certified as a DBE within the last three years by any State or Governmental agency? Yes No
 If yes, please list what State or Governmental Agency: _____ Date of Certification: _____
ATTACH CERTIFICATION LETTERS

B. Indicate if the firm or other firms with any of the same officers has previously been denied certification or participation as a DBE, MBE, or WBE, and describe the circumstances. Indicate the name of the certifying authority and the date of such denial.

CERTIFYING AUTHORITY	DATE OF CERTIFICATION DENIAL

C. Please use the space provided below to explain any of the above items. You may attach additional sheets if necessary.

8. ACKNOWLEDGMENTS AND VERIFICATION

The undersigned does hereby swear that he or she is authorized to represent _____
 (*Name of Firm*); to execute this affidavit on behalf of the said firm and that the foregoing statements and attachments are true, accurate and complete and include all material information necessary to identify and explain the operations, control and ownership of _____ (*Name of Firm*). Further, the undersigned agrees to provide additional information as required by the CCDOA to determine eligibility as a Disadvantaged Business Enterprise (DBE). Any material misrepresentation will be grounds for denying or revoking the applicant's recertification.

 Name of Firm/Applicant

 Signature of Applicant or Authorized Representative/Officer

 Date

AFFIDAVIT

The undersigned swears or affirms that the statements of the foregoing Recertification Application are true and correct, based upon personal knowledge, information and belief, and said statements include all material information necessary to identify the operation and ownership of the Applicant.

Signature

IF INDIVIDUAL IS APPLICANT:

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

WITNESS my hand and official seal.

Signature of Notary Public _____

Printed/typed name of Notary Public _____ Commission Expires: _____

IF INDIVIDUAL IS OTHER THAN APPLICANT:

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20_____. by _____, as the duly authorized _____ of the Applicant, , as the voluntary act and deed of the Applicant and on its behalf.

WITNESS my hand and official seal.

Signature of Notary Public _____

Printed/typed name of Notary Public _____ Commission Expires: _____

REQUIRED SUPPLEMENTAL INFORMATION FOR DBE RECERTIFICATION

The following documents must be submitted with this application. Failure to submit all the required information will result in a delay and/or termination in the processing of your application for recertification. To avoid loss of important documents, please present a complete packet at one time. All applicants *must* submit the required documents for Section I, and Section IIA, IIB, IIC or IID, as applicable to your form of legal organization. Please place checkmarks in the appropriate blanks. If certain items are not applicable to your business, please indicate by writing N/A next to the item and attach an explanation.

I. REQUIRED DOCUMENTS FOR ALL APPLICANTS

- 1. Resume(s) of owners or principals showing education, training and employment experience with dates
- 2. Applicable license(s) and permits
- 4. Signed leases for office/storage space within the last 3 years
- 5. Copies of DBE/MBE/WBE or SBA 8(a) certification or denial letters within the last 3 years
- 6. Copies of all signed loan agreements within the last 3 years
- 7. List of projects/contracts completed or ongoing for the last year
- 8. Statement of Social Disadvantage for each disadvantaged owner (Attachment III to this application)
- 9. Personal Financial Statement for each disadvantaged owner. (Attachment IV to this application)
- 10. Personal Income Tax Returns for last 3 years

II. REQUIRED DOCUMENTS BY FORM OF LEGAL ORGANIZATION

(Complete either Section A, B, or C according to your form of legal organization)

A. For a Sole Proprietor

- 1. Federal Tax Returns (Form 1040), including all schedules, for the most recent year

B. For a Partnership

- 1. Any changes to the Partnership Agreement within the last 3 years
- 2. Buy-out rights agreement within the last 3 years
- 3. Profit sharing agreement within the last 3 years
- 4. Federal Tax Returns (Form 1065), including all schedules, for the most recent year

C. For a Limited Liability Companies (LLC)

- 1. Any changes to the Articles of Organization within the last 3 years
- 2. Any changes to the Operating agreement within the last 3 years
- 3. Minutes of the Board meetings held within the last year
- 4. Federal Tax Returns (Form 1065), including all schedules, for the most recent year

D. For a Corporation

- 1. Any changes to the Articles of Incorporation made within the last 3 years
- 2. Any changes to the Corporate By-Laws within the last 3 years
- 3. Minutes of Stockholders and Board Meetings for the last year
- 4. Minutes of the most recent corporate organizational meeting affecting ownership, management, and control
- 5. Copies of stock certificates issued, front and back (not specimen) during the last 3 years
- 6. Copies of any written agreements concerning financial operations and/or control of the firm:
- 7. Stock transfer ledger
- 8. Federal Tax Returns (Form 1120S or 4562), including all schedules, for the most recent year

PLEASE CHECK OFF EACH DOCUMENT TO BE SUBMITTED IN ORDER TO FACILITATE THE PROCESSING OF THE QUESTIONNAIRE

STATEMENT OF SOCIAL DISADVANTAGE

Each disadvantaged owner of a firm seeking to participate in the DBE program at the Clark County Department of Airports must complete and sign this form. Signatures on the form must be notarized and included with the application at the time of submission. The form may be copied if necessary.

Complete this for: (1) each socially disadvantaged proprietor, (2) each socially disadvantaged partner whose combined interest totals 51% or more, or (3) each socially disadvantaged stockholder making up 51% or more of voting stock.	
Name:	
Residence Address:	
City, State & Zip Code:	
Residence Phone:	
Business Name of Applicant Firm:	
Business Phone:	
STATEMENT OF SOCIAL DISADVANTAGE	
<p>“In consideration whether an owner has experienced social disadvantage based upon the effects of discrimination, the applicant for DBE status shall take into account whether has held himself or herself out to be a member of a disadvantaged group, has acted as a member of a community of disadvantaged persons, and would be identified by persons in the population at large as belonging to the disadvantaged group.”</p>	
<p>I certify that I have read and understand the above statement. I further certify that I have experienced social disadvantage based on discrimination because of my: (mark all that apply) <i>(This statement is valid only when signed by the individual claiming social disadvantage)</i></p>	
<p> <input type="checkbox"/> race <input type="checkbox"/> ethnicity <input type="checkbox"/> gender <input type="checkbox"/> other (Please explain on a separate sheet) </p>	
Signature:	Date:
Print Name/Title:	

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this ____ day of _____ 20__, by the Applicant,

_____, as his/her voluntary act and deed.

WITNESS my hand and official seal.

Signature of Notary Public _____

Printed/typed name of Notary Public _____ Commission Expires: _____

**CLARK COUNTY, DEPARTMENT OF AVIATION
APPLICATION FOR CERTIFICATION
AS A DISADVANTAGED BUSINESS ENTERPRISE
OR AIRPORT CONCESSION DISADVANTAGED BUSINESS ENTERPRISE**

PERSONAL FINANCIAL STATEMENT

As of _____, 2____

**EACH DBE/ACDBE OWNER OF THE FIRM MUST COMPLETE THIS FORM AND ATTACH PREVIOUS 2 YEARS PERSONAL TAX RETURNS
PLEASE NOTE THAT THIS FORM IS TO INCLUDE ASSETS AND LIABILITIES FOR INDIVIDUALS. Only THE INDIVIDUAL APPLICANT'S PROPORTIONATE
SHARE OF JOINTLY HELD ASSETS AND LIABILITIES SHOULD BE INCLUDED.**

Name: _____ Business Phone _____

Residence Address _____ Residence Phone _____

City, State & Zip Code _____

Business Name of Applicant Firm _____

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on Hand & In Banks	\$	Accounts Payable	\$
Savings Accounts	\$	Notes Payable to Banks and Others (Describe in Section 2)	\$
IRA or Other Retirement Account	\$	Installment Account (Auto) Monthly Payments \$	\$
Life Insurance - Cash Surrender Value Only (Complete Section 8)	\$	Installment Account (Other) Monthly Payment \$	\$
Stocks and Bonds (Describe in Section 3)	\$	Loan on Life Insurance	\$
Primary Residence (Describe in Section 4A)	\$	Mortgages on Real Estate (Describe in Sections 4A and 4B)	\$
Other Real Estate (Describe in Section 4B)	\$	Unpaid Taxes (Describe in Section 6)	\$
Automobiles - Present Value (Describe in Section 5A)	\$	Other Liabilities (Describe in Section 7)	\$
Other Personal Property (Describe in Section 5B)	\$	Total Liabilities	\$
Value of the Ownership Interest in the Applicant Business (Describe in Section 5C)	\$	Net Worth	\$
Other Assets (Describe in Section 5D)	\$		\$
TOTAL	\$	TOTAL	\$

Section 1. Source of Income	Contingent Liabilities
------------------------------------	-------------------------------

Salary	\$	As Endorser or Co-Maker	\$
Net Investment Income	\$	Legal Claims & Judgments	\$
Real Estate Income	\$	Provision for Federal Income Tax	\$
Other Income (Describe Below)*	\$	Other Special Debt	\$

Description of Other Income in Section 1.

Alimony or child support payments need not be disclosed unless desired. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.

Section 2. Notes Payable Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks & Bonds					
Number of Shares	Name of Securities	Cost	Market Value Quotations/Exchange	Date of Quotation/Exchange	Total Value

Section 4A. Primary Residence		Section 4B. Other Real Estate		
	Primary Residence	Property A	Property B	Property C
Type of Property				
Address				
Date Purchased				
Original Cost				
Present Market Value				
Name & Address of Mortgage Holder				
Mortgage Account Number				
Mortgage Balance				
Amount of Payment per Month				
Status of Mortgage				

(Describe and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Section 5. A. Automobiles - Present Value (Please list)

Section 5.B. Other Personal Property (Please describe)

Section 5.C. Value of the Ownership Interest in the Applicant Business (Please describe valuation method)

Section 5.D. Other Assets (Please describe)

Section 6. Unpaid Taxes

(Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities (Describe in detail)

Section 8. Life Insurance Held

(Give face amount and cash surrender value of policies - name of insurance company and beneficiaries.)

I authorize Clark County, Department of Aviation to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of obtaining certification as a Disadvantaged Business Enterprise. I understand FALSE statements may result in denial of DBE/ACDBE certification and other possible DOT sanctions.

Signature: _____ Date: _____ Social Security Number: _____

Instructions to Assist in Completing the Personal Financial Statement

Please do not make adjustments to your figures pursuant to U.S. Department of Transportation (U.S. DOT) regulations 49 CFR Part 26 or Part 23. The agency that you apply to will use the information provided on your completed Personal Financial Statement to determine your *Personal Net Worth According to 49 CFR Part 26 and/or Part 23*. An individual's *Personal Net Worth According to 49 CFR Part 26 and part 23* includes only his or her own share of assets held jointly or as community property with the individual's spouse and excludes the following: (1) Individual's ownership interest in the applicant firm; (2) Individual's equity in his or her primary residence; and (3) Tax and interest penalties that would accrue if retirement savings or investments (e.g., pension plans, Individual Retirement Accounts, 401(k) accounts, etc.) were distributed at the present time. If your *Personal Net Worth According to 49 CFR Part 26 and Part 23* exceeds the \$750,000 cap and you, individually, or you and other individuals are the majority owners of an applicant firm, the firm is not eligible for DBE/ACDBE certification. If the *Personal Net Worth According to 49 CFR Part 26 and Part 23* of the majority owner(s) exceeds the \$750,000 cap at any time after your firm is certified, the firm is no longer eligible for certification. Should that occur, it is your responsibility to contact your certifying agency in writing to advise the firm no longer qualifies.

GENERAL INSTRUCTIONS

You must fill out all line items on the Personal Financial Statement to the best of your ability. On the form, include only the individual's proportionate share of jointly held property. On a separate sheet, identify all property that is held jointly or as community property, and include values and ownership. If necessary, use additional sheet(s) of paper to report all information and details.

Specific Instructions

DATE INFORMATION: Be sure to include the date in the upper right corner of the first page. Please note that the statement must be current within 30 days of the date of the application.

ASSETS: All assets must be reported at their current fair market values as of the date of your statement. Assets held in a trust generally should be included.

- ✓ **Cash on hand & in Banks:** Enter the total amount of cash on-hand and in bank accounts other than savings.
- ✓ **Savings Accounts:** Enter the total amount in all savings accounts.
- ✓ **IRA or other Retirement Account:** Enter the total present value of all IRAs and other retirement accounts.
- ✓ **Accounts & Notes Receivable:** Enter the total value of all monies owed to you personally, if any. This should include shareholder loans to the applicant firm, if any.
- ✓ **Life Insurance-Cash Surrender Value Only:** Enter the value of any life insurance policies. This amount should be cash surrender value only, not the amount a beneficiary would receive upon your death, also known as face value. A complete description is required in Section 8.
- ✓ **Stocks and Bonds:** Enter the current market value of your stocks and bonds. A complete listing and description is required in Section 3.
- ✓ **Real Estate:** Enter the current fair market value of all real estate owned. A complete listing and description of all real estate owned is required in Section 4. The amount must correspond with the total "Present Market Value" amounts listed in Section 4.
- ✓ **Automobile-Present Value:** Enter the current fair market value of all automobiles owned.
- ✓ **Other Personal Property:** Enter the current fair market value of all other personal property owned, but not included in the previous entries. A complete description of these assets is required in Section 5.
- ✓ **Other Assets:** Enter the current fair market value of all other assets owned, but not included in the previous entries. A complete description of these assets is required in Section 5.

LIABILITIES

- ✓ **Accounts Payable:** Enter the total value of all unpaid accounts payable that is your responsibility.
- ✓ **Notes Payable to Bank and Others:** Enter the total amount due on all notes payable to banks and others. This should not, however, include any mortgage balances. A complete description of all notes payable to banks and others is required in Section 2.
- ✓ **Installment Account (Auto):** Enter amount of the present balance of the debt that you owe for auto installment account. Please be sure to indicate the total monthly payment in the space provided.
- ✓ **Installment Account (Other):** Enter amount of the present balance of the debt that you owe for other installment account. Please be sure to indicate the total monthly payment in the space provided. For example, include the balances of all credit card debts in this line.
- ✓ **Loans on Life Insurance:** Enter the total value of all loans due on life insurance policies.
- ✓ **Mortgages on Real Estate:** Enter the total balance on all mortgages payable on real estate. A complete breakdown of all mortgages on real estate is required in Section 4. The amount must correspond with the total of the mortgage balances amounts listed in Section 4.
- ✓ **Unpaid Taxes:** Enter the total amount of all taxes that are currently due, but are unpaid. Contingent tax liabilities or anticipated taxes for current year should not be included. A complete description is required in Section 6.
- ✓ **Other Liabilities:** Enter the total value due on all other liabilities not classified in the previous entries. A complete description is required in Section 7.

- ✓ **Net Worth:** To compute Net Worth, add all liabilities and put that figure in the Total Liabilities line. Then subtract Total Liabilities from Total Assets to get your Net Worth. To check your figures, add Total Liabilities and Net Worth and the sum must equal Total Assets. If your figures do not match, your form will be returned to you to correct and complete again.

SECTION 1. SOURCE OF INCOME

- ✓ **Salary:** Enter the amount of your total annual salary. This includes any salary from the applicant firm and if applicable, any salary from outside employment.
- ✓ **Net Investment Income:** Enter the total amount of all investment income (i.e. dividends, interest, etc.).
- ✓ **Real Estate Income:** Enter the total amount of all real estate income received from the sale, rental, lease, etc. of real estate held.
- ✓ **Other Income:** Enter the total amount of all other income received (i.e. alimony, social security, pension, etc.). Please be sure to describe the source of the other income in the space provided below in this section. Use additional sheets if necessary.

CONTINGENT LIABILITIES: Contingent liabilities are liabilities that belong to you only if an event(s) should occur. For example, if you have co-signed on a relative's loan, but you are not responsible for the debt until your relative defaults, that is a contingent liability. Contingent liabilities do not count toward your net worth until they become actual liabilities.

- ✓ **As Endorser or Co-Maker:** Enter the total potential liabilities due as a result of being a co-signer for a loan or other commitments.
- ✓ **Legal Claims and Judgments:** Enter the potential liabilities due as a result of legal claims from judgments, lawsuits, etc.
- ✓ **Provisions for Federal Income Tax:** Enter the total amount of all federal taxes for which you are potentially liable due to an anticipated gain on the pending sale of an asset or other circumstances, such as pending disputes or litigation which could possibly result in a personal tax liability.
- ✓ **Other Special Debt:** Enter the total amount due on all remaining potential debts not accounted for.

SECTION 2. NOTES PAYABLE TO BANKS AND OTHERS

Enter the name and address of note holder(s), original balance, current balance, payment amount, frequency, and how secured for each note payable as entered in the "Liabilities" column. Do not include loans for your business or mortgages for your properties.

SECTION 3. STOCKS AND BONDS

Enter the number of shares, names of securities, cost, fair market value, and the date of fair market value for all shares of stock and bonds held. You may attach recent copies of your stock account listings. Do not include stock in your business.

SECTION 4. REAL ESTATE OWNED

Starting with your primary residence (be sure to identify it as your primary residence), enter the type of property, address, date of purchase, original cost, present fair market value, name and address of mortgage holder, mortgage account number, mortgage balance, amount of payment, and status of mortgage for all real estate held. Please ensure that this section contains all real estate owned, including rental properties, vacation properties, commercial properties, etc.

Total "Present Market Value" amounts should correspond with the "Real Estate" amount listed in the "Assets" column. Additionally, total "Mortgage Balance" amounts should correspond with the "Mortgages on Real Estate" amount listed in the "Liabilities" column. Attach additional sheets if needed.

SECTION 5. OTHER PERSONAL PROPERTY AND OTHER ASSETS

Itemize and describe in detail other personal property and other assets owned as listed in the "Assets" column. For other personal property, include boats, trailers, jewelry, furniture, household goods, collectibles, clothing, etc. For other assets, include equity interest in other businesses, trusts, investments, etc.

SECTION 6. UNPAID TAXES

Describe in detail as to the type, to whom payable, when due, amount, and to what property, if any, the tax lien attaches. Please refer to the unpaid taxes listed in the "Liabilities" column. If none, state "NONE." This section should not include the contingent tax liabilities or anticipated taxes owed for the current year. For any unusually large amounts, you must include documentation, such as tax liens, to support the amounts.

SECTION 7. OTHER LIABILITIES

Describe in detail any other liabilities as referenced by the value listed in the "Liabilities" column. If none, state "NONE." For any unusually large amounts, you must include documentation, such as bills, to support the amounts.

SECTION 8. LIFE INSURANCE HELD

Describe all life insurance policies held. Please be sure to include the face amount of the policies, name of insurance company and beneficiaries and cash surrender values of the policies.

EXECUTION OF STATEMENT

Be sure to sign, date, and include your social security number at the end of the statement. Please include the notarized affidavit with your submission.