APPLICATION FOR DETERMINING JOINT VENTURE ELIGIBILITY

3. Supervision of field operations:

North Dakota Department of Transportation, Civil Rights Division SFN 6805 (Rev. 08-2006)

NOTE: If there is any change in the following information during the performance of a joint venture project, the Civil Rights Division Director of the North Dakota Department of Transportation

should be notified:

DIRECTOR, CIVIL RIGHTS DIVISION
CIVIL RIGHTS DIVISION
ND DEPARTMENT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0700
701-328-2576

Authorized Name of Joint Venture					
Mailing Address					
City		State		Zip Code	
Business Phone Number	ne Number Fax Number		Cell Phone	Number	
Internet Address		E-Mail Address			
Name of Contact Person		Name of Person Who Prepared This Application			
1. Identify the firms which comprise the joint venture. (The DBE partner must have completed the North Dakota Department of Transportation Initial Application For Determining DBE Certification of Eligibility):					
2. Describe the role of the DBE firm in the joint venture:					
Briefly describe the experience and business qualifications of each non-DBE joint venturer: Nature of joint venture's business:					
5. Provide a copy of the joint venture agreement.					
What is the claimed percentage of DB	%				
SECTION II CONTROL OF AND PARTICIPATIONIN THIS CONTRACT					
Identify by name, race, sex, and firm those individuals (and their titles) who are responsible for day-to-day management and policy decision-making, including but not limited to those with prime responsibilities for:					
Financial decisions:					
2. Management decisions, such as:					
a. Estimating					
b. Marketing and sales					
c. Hiring and firing of management personnel					
d. Purchasing of major items or supplies					

SECTION III OWNERSHIP OF JOINT VENTURE

SECTION III OWNEROIT					
This need not be completed if described in the joint venture a	greement provided in response to question 5.				
Profit and loss sharing:					
Capital contributions, including equipment:					
Other applicable ownership interests:					
A FFID AV/IT					
AFFIDAVIT The undersigned swear that the foregoing statements are correct and include all material information necessary					
to					
identify and explain the terms and operation of					
Name of Jo					
provide to the grantee current, complete, and accurate infor	undertaking. Further, the undersigned covenant and agree to mation regarding actual joint venture work and the payment ure arrangements and to permit the audit and examination of each joint venturer relevant to the joint venture, by authorized Any material misrepresentation will be grounds for ting action under federal or state laws concerning false				
Name of Firm	Name of Firm				
Name of Representative (Print/Type)	Name of Representative (Print/Type)				
Title	Title				
Signature	Signature				
Date	Date				
NOTARI	ZATION				
STATE OF					
COUNTY OF)					
On this day of,, before me personally appeared (name), known to me to be the person whose name is subscribed on the affidavit, and acknowledged to me that he or she executed the same and was authorized by (name of firm)					
to execute the affidavit and did so of his or her own free act a deed					
(SEAL)	NOTARY PUBLIC				
,	My commission expires:				
STATE OF)					
:SS					
COUNTY OF)					
On this, day of,, be, known to me to be the person whose	efore me personally appeared (name) name is subscribed on the affidavit, and acknowledged to me				
that he or she executed the same and was authorized by (nar to execute the affidavit and did so of his or her own free act a	me of firm)				
deed	NOTARY PUBLIC				
(SEAL)	My commission expires:				