

**REPORT OF CERTIFIED ACDBE FORM
(CONCESSIONAIRES/SUBCONCESSIONAIRES/
SUPPLIERS/MANAGEMENT CONTRACTORS - COUNTED TOWARD GOALS)**

Name of Airport _____
Airport Sponsor _____
City/State _____
Preparer _____
Telephone Number _____
Date _____

List below each ACDBE that participated in a concession during the preceding fiscal year and which are shown in your submission of the Uniform Report of ACDBE Participation). If no DBE firm participated, write "NONE" below.

Name of DBE Firm _____
Address _____
City _____ State _____ Zip _____

Type of concession/subconcession/supplier, etc. business _____

Date Agreement (*i.e. lease, sublease*) Begin _____ Date Agreement (*i.e. lease, sublease*) _____

Expires _____ Options to Renew _____ How Many _____ Length of time _____
Dates that material amendments have been or will be made to agreement, if known _____

Estimated gross receipts for this reporting period: _____

The disadvantaged individual having the largest ownership interest is:

_____ Black _____ Hispanic _____ Native American _____ Asian-Indian American
_____ Asian-Pacific American _____ Non-Minority Woman _____ Other Disadvantaged

Name of DBE Firm _____

Address _____

City _____ State _____ Zip _____

Type of concession/subconcession/supplier, etc. business _____

Date Agreement (*i.e. lease, sublease*) Begin _____ Date Agreement (*i.e. lease, sublease*) _____

Expires _____ Options to Renew _____ How Many _____ Length of time _____

Dates that material amendments have been or will be made to agreement, if known _____

Estimated gross receipts for this reporting period: _____

The disadvantaged individual having the largest ownership interest is:

_____ Black _____ Hispanic _____ Native American _____ Asian-Indian American
_____ Asian-Pacific American _____ Non-Minority Woman _____ Other Disadvantaged

(Use additional sheets as needed)

Name of DBE Firm _____

Address _____

City _____ State _____ Zip _____

Type of concession/subconcession/supplier, etc. business _____

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Estimated gross receipts for this reporting period: _____

The disadvantaged individual having the largest ownership interest is:

_____ Black _____ Hispanic _____ Native American _____ Asian-Indian American
_____ Asian-Pacific American _____ Non-Minority Woman _____ Other Disadvantaged

Name of DBE Firm _____

Address _____

City _____ State _____ Zip _____

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Estimated gross receipts for this reporting period: _____

The disadvantaged individual having the largest ownership interest is:

_____ Black _____ Hispanic _____ Native American _____ Asian-Indian American
_____ Asian-Pacific American _____ Non-Minority Woman _____ Other Disadvantaged

Name of DBE Firm _____

Address _____

City _____ State _____ Zip _____

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