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

Name of Airport ____________________________________________

Airport Sponsor ____________________________________________

City/State/Zip ______________________________________________

Preparer ____________________________________________________

Telephone Number ____________________________________________

Date _______________________________________________________

List below each ACDBE that participated in a concession during the preceding fiscal year and that are included in your submission of the Uniform Report of ACDBE Participation.

Name of ACDBE Firm __________________________________________

Address ____________________________________________________

City ____________________________  State_________________  Zip __________

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

Date Agreement (i.e., lease, sublease) Began __________  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 ACDBE Firm __________________________________________

Address ____________________________________________________

City ____________________________  State_________________  Zip __________

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

Date Agreement (i.e., lease, sublease) Began __________  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 ACDBE Firm ____________________________________________________________

Address _____________________________________________________________________

City __________________________ State ______________ Zip _______________

Type of concession/subconcession/supplier, etc., business________________________________________

Date Agreement (i.e., lease, sublease) Began ________ 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)