NORTH CENTRAL TEXAS REGIONAL CERTIFICATION AGENCY

624 Six Flags Drive, Suite 100
Arlington, Texas 76011
Annual MBE & WBE Update Affidavit

ΑΠ	fidavit Number								
1.	Name of Business	S:							
2.									
	Number & Street Name or PO Box #					City/State/Zip	County		
3.	Physical Address:	s: Number & Street Name C			ity/State/Zip	County			
4.	Office Number	Fax Nu	Fax Number				·		
		-mail address							
	Internet Web Site / URL Address								
6									
	Tax Identification Number Title								
	Do you have bonding? Yes No If yes, how much \$								
	•	-			, 500, 11011		No		
	Have there been changes in the NAICS codes?								
10.). Have there been changes in the business operations?					Yes	No		
11.	1. Have there been changes in ownership within the past year?					Yes	No		
12.	Have there been	? Provide a copy. Yes			No				
13.	Explain any chang	ges and provide copy	(s):						
Ple	ase describe your	product or services: (a	attach a	dditio	nal sheets	, if necessary)			
Pro	oduct or Services:		Provi	ovide a brief description:					
14.	What are the firm'	s gross receipts and e	employe	es for	the past t	hree years?			
Yea	ar Gross Receipts FTE				PTE Contract Employee				
						ĺ			

Include the following documentation with this update affidavit: 1) Current federal income tax return, 2) Minutes of last corporate annual meeting and 3) Any agreements that amend or change ownership and/or control.								
	AFFI	IDAVIT						
The undersigned swears/affirms that the foregoing information and statements are true and correct, including all material and information necessary to identify and explain the operation of as well as the ownership thereof. (Name of Firm)								
Further, the undersigne of Transportation (DOT) as	d agrees to permit part of this certification	ation process to in	ntities and/or U.S. Department nterview owners, principals, and files of the above named					
willfully and knowingly provapplication, your file may b	ided incorrect infor e referred to the Ge cedures in accorda	mation or made fa eneral Counsel of Ince with 41 CFR	at any person or firm has alse statements regarding this DOT. The General Counsel 1-1.604 and 12-1.062 and /or , as the General Counsel					
misrepresents a firm's state statements in order to influ	us as a small disad ence the certification	lvantaged busines on process in any						
classified as a Minority or V reserves the right to reques individual is economically of	Voman-Owned Bus st any additional inf lisadvantaged and/	siness Enterprise formation deemed for the firm is certif	et the standards for being (M/WBE). The NCTRCA necessary to determine if an fiable. Failure to cooperate s grounds for termination of					
Name		Signature						
 Title	. <u></u>	Date						
Date: S	tate of:	County of	:					
On this day before me appeared, with proper identification, who being duly sworn, did execute the foregoing affidavit and did aver that he or she was properly authorized to execute this affidavit and did so as his or her free act/deed.								
(Seal)								
	Notary Pu	blic	Commission Expiration					