ACDBE/DBE/SBEC CERTIFICATION ANNUAL UPDATE AFFIDAVIT OF NO CHANGE

I _____, swear[1] (or affirm) that there have been no changes in
Name of DBE firm owner(s)
_____ circumstances affecting its ability to meet the size, disadvantaged
Name of DBE firm
status, ownership, or control requirements of 49 CFR Part 26 and 13 CFR Part 121. I swear (or affirm) there have been no material changes in the information provided with _____ Affidavit Form
Name of DBE firm
for certification, except for any changes about which I have provided written notice
_____pursuant to 49 CFR § 26.83(i).
Name of DOT recipient
I swear (or affirm) that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified in 49 CFR § 26.5, without regard to my individual qualities. I further swear (or affirm) that my personal net worth does not exceed $1,320,000, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.
I specifically swear (or affirm) _____ continues to meet the Small Business
Name of DBE firm
Administration (SBA) business size criteria and the overall gross receipts cap of 49 CFR Part 26 and
_____ average annual gross receipts and/or number of employees (as defined by
Name of DBE firm
SBA rules) over the previous three fiscal years do not exceed the SBA size standard pursuant to 49 CFR §26.65 (a) and (b) and 49 CFR §23.33. I provide the attached size and gross receipts documentation to support this affidavit (captured and affirmed on page two of this affidavit).

Signature_____ Date _____

On this ____ day of_____, 20__, before me appeared (name)_____,
to me personally known, who, being duly sworn, did execute the foregoing affidavit and did state that he or she was properly authorized by (name of firm) _____, to execute the affidavit and did so as his or her free act and deed.

(SEAL/STAMP)

Notary Public _____ Commission Expires_____

[1] Knowingly and willfully providing false information to the Federal government is a violation of 18 U.S.C. Section 1001 (False Statements) and could subject you to fines, imprisonment or both.

Documentation to be included with this Affidavit Form:

- Previous year business returns for this firm and all affiliate firms.
  Examples: Corporation-Form 1120, LLC or Partnership-Form 1065, Sole proprietorship-(entire) Form 1040 Schedule C

Firm's current number of employees:

Employee Workplace Demographics	# of Local Employees	# of Company-Wide Employees
Total number of **Part-time** employees		
Total number of **Full-time** employees		
Total number of **Independently Contracted** Employees		

Firm's Exact Gross Receipts for the previous year: (Include these returns with your Affidavit Form)

Year Ending	Exact Gross Receipts
20___	$

Current Affiliate Firms: List all other firms that any owner holds ownership in or shares resources with: (Include these returns with your Affidavit Form)

Affiliate Firm name	# of employees	Gross receipts for last tax year	Title with Affiliate firm	Percentage of ownership
		$		
		$		
		$		