

NORTH CENTRAL TEXAS REGIONAL CERTIFICATION AGENCY

624 Six Flags Drive, Suite 100

Arlington, Texas 76011

Annual MBE & WBE Update Affidavit

Affidavit Number _____

1. Name of Business: _____

2. Mailing Address: _____
 Number & Street Name or PO Box # City/State/Zip County

3. Physical Address: _____
 Number & Street Name City/State/Zip County

4. Office Number _____ Fax Number _____ Mobile Phone _____

5. E-mail address _____

Internet Web Site / URL Address _____

6. Tax Identification Number _____

7. Contact Person _____ Title _____

8. Do you have bonding? Yes _____ No _____ If yes, how much \$ _____

9. Have there been changes in the NAICS codes? Yes _____ No _____

10. Have there been changes in the business operations? Yes _____ No _____

11. Have there been changes in ownership within the past year? Yes _____ No _____

12. Have there been changes in business licensing? Provide a copy. Yes _____ No _____

13. Explain any changes and provide copy (s): _____

Please describe your product or services: (attach additional sheets, if necessary)

Product or Services:	Provide a brief description:

14. What are the firm's gross receipts and employees for the past three years?

Year	Gross Receipts	FTE	PTE	Contract Employee

