

NORTH CENTRAL TEXAS REGIONAL CERTIFICATION AGENCY

2261 Brookhollow Plaza Dr, Suite 300
Arlington, Texas 76006

Annual MBE, SBE, & WBE Update

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

****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.****

AFFIDAVIT

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 undersigned agrees to permit the Agency, as part of this certification process to interview owners, principals, officers and employees; and to examine books, records and files of the above named company.

If at any time the NCTRCA has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements regarding this application, your file may be certification with the NCTRCA.

NOTE: Under Title 18 U.S.C. Section 1001 and Title 15 U.S.C. Section 645, any person who misrepresents a firm's status as a small disadvantaged business concern or makes false statements in order to influence the certification process in any way in order to obtain a government contract, shall be subject to fines of up to \$500,000 and imprisonment of up to 10 years, or both.

The firm bears the burden of proving that it continues to meet the standards for being classified as a Minority or Woman-Owned Business Enterprise (M/WBE). The NCTRCA reserves the right to request any additional information deemed necessary to determine if an individual is economically disadvantaged and/or the firm is certifiable. Failure to cooperate and/or provide requested information within the time specified is grounds for termination of the process.

Name

Signature

Title

Date

Date: _____ State 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 Public

Commission Expiration