



## DISADVANTAGED BUSINESS ENTERPRISE NO CHANGE AFFIDAVIT

This annual update form is required by MoDOT in order to keep your DBE eligibility status. **When submitting this form you are required to enclose signed copies of your previous years Business Income Tax Returns, and W3's, and any other documentation that supports the reported changes on this form.**

### GENERAL INFORMATION

Name of Firm:		
Street Address:		
Mailing Address:		
City:	State:	Zip:
Owner of Firm:	Telephone Number:	
Does your firm have a physical presence in Missouri (office, warehouse, etc.)? YES NO		
Are the firms NAICS codes accurate in the MRCC Directory? YES NO		
Person preparing this application:	Title:	Email :
Circle the districts the firm is willing to travel to for work: Northwest Northeast Kansas City Central St. Louis Southwest Southeast		

### OWNERSHIP

Items such as amendments to any corporate by-laws or partnership agreements, transfers or issuance of stock, changes in management personnel or corporate officers, etc. should be enclosed. Note: failure to disclose all information concerning the control and ownership of the firm may lead to decertification of the firm.

**Attach additional sheets if necessary.**

Have there been any changes in the ownership structure of the company in the past year?		YES	NO
Please check what structure the company is currently using below.			
Sole Proprietorship	Partnership	Corporation	Other

List equipment purchased or leased in the past year with value greater than \$1,000.00 **(include new titles/lease docs)**

Type of Equipment	Make	Model	Year	Date Acquired	Present Value

List five largest contracts completed in past year.

Prime Contractor	Phone	Contract Amount	Project Name/Location	Type of Work Performed

### PERSONAL NET WORTH INFORMATION

Have you acquired any personal assets or liabilities in the last year? YES NO

If answered "YES", list details below (i.e. transfers, real estate, gifts, stocks, bank accounts, etc.):

Description	Acquired/Sold	Names on Assets	Liabilities Against Asset	Value of Asset

## DISADVANTAGED BUSINESS ENTERPRISE NO CHANGE AFFIDAVIT

I, \_\_\_\_\_, swear<sup>1</sup> (or affirm) there have been no changes in \_\_\_\_\_.

Name of DBE Firm Owner(s) Name of DBE Firm

circumstances affecting its ability to meet the size, disadvantaged status, ownership, or control requirements of 49 CFR Part 26 and Part 23 and 13 CFR Part 121.

I swear (or affirm) there have been no material changes in the information provided with \_\_\_\_\_.

Name of DBE Firm

application for certification, except for any changes about which I have provided written notice to MODOT pursuant to 49 CFR § 26.83(i).

I declare 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 declare that I am personally 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) that \_\_\_\_\_ 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 Part 23 and MODOT average annual gross receipts (as defined by SBA rules) over the previous three fiscal years do not exceed \$ 28.48 million or employee cap. I have provided the attached size and gross receipts documentation to support this affidavit.

Any material omission or misrepresentation will be grounds for terminating the eligibility of this firm as a certified or qualified DBE, as well as any contract which may have been awarded under those programs, and for initiating action under Federal and/or Missouri civil and/or criminal laws concerning false affidavits, false statements or declarations, perjury, fraud, stealing by deceit, or other applicable offenses. (Making a false affidavit is a misdemeanor. See Section 575.050, RsMo 1986.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_, City/County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared \_\_\_\_\_, to me personally known, who, being duly sworn, did execute the foregoing affidavit and did state that he or she was properly authorized by \_\_\_\_\_, to execute the affidavit and did so as his or her free act and deed.

Name of DBE Firm

Signed, \_\_\_\_\_ (PRINT) Notary Public

(SEAL/STAMP)

Notary Public Commission Expires \_\_\_\_\_

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