

MODOT INTERSTATE DISADVANTAGED BUSINESS ENTERPRISE (DBE) AFFIDAVIT

Name of Firm _____

I affirm, as evidenced by my signature below, I have provided all information required by 49 CFR 26.85(c) to MoDOT for inspection and review to determine eligibility for DBE certification in Missouri.

I affirm the information is complete and, in the case of the information required by §26.85(c)(1), is an identical copy of the information submitted to _____
(home state agency).

I affirm that my company does does not have a physical presence in Missouri.

I further affirm all information and statements I have provided are true and correct.

Printed Name of Eligible Applicant

Signature of Eligible Applicant

Email Address

Phone Number

Subscribed and sworn before me, the undersigned notary public, on this date:

Notary Public Signature/Seal

Date

