



**DISADVANTAGED BUSINESS ENTERPRISE NO CHANGE AFFIDAVIT**

This no change affidavit form is required by MoDOT in order to maintain your DBE eligibility status.

**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.)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, Address:		Phone:
Are the firms NAICS codes accurate in the MRCC Directory? <input type="checkbox"/> YES <input type="checkbox"/> NO <a href="#">MRCC DBE Directory</a>		
Are signed copies of your most recent Business Income Tax Return enclosed with this form? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If you have an employee cap on any NAICS Codes, did you include a W-3 tax form (# of Employees)? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <a href="#">NAICS Code Website</a>		
Person preparing this application:	Title:	Email :
Select the districts the firm is willing to travel to for work:		
<input type="checkbox"/> Northwest	<input type="checkbox"/> Kansas City	<input type="checkbox"/> Central
<input type="checkbox"/> Northeast	<input type="checkbox"/> St. Louis	<input type="checkbox"/> Southwest
		<input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
Please check what structure the company is currently using below.
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other

Has the company purchased equipment valued at least \$1,000.00 within the last year?  YES  NO

(If "YES", list below details using separate page and include new titles and/or lease docs.)

Type of Equipment	Make	Model	Year	Date Acquired	Present Value
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List five largest contracts completed in past year.

Prime Contractor	Phone	Contract	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 "YES", list details below. May use additional pages (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 declare my Personal Net Worth does not exceed \$1.32 million.

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 \$ 30.4 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 information could subject you to fines, imprisonment, or both.)