Print Form

State of Delaware Department of Transportation

Disadvantaged Business Enterprise Program

ANNUAL NO CHANGE AFFIDAVIT

Business Name: _____

Owners Full Name:

Last name _____ First Name _____ MI _____

Business Update(s): Street Address _____

Mailing Address _____

City _____ State _____ Postal _____

Telephone _____ Fax _____

Email _____ Internet Web Address _____

List the number of employees: Full-Time _____ Part-Time _____ Contract _____

Has the legal structure, ownership, management or control of your company changed since your last certification? ☐ Yes ☐ No If yes, please explain (note: 155 character limit)

As a Certified DBE with the Delaware Department of Transportation, I, or we, the undersigned, being duly sworn according to law, do hereby swear and depose that the following facts are true and correct to the best of my knowledge, information, and belief:

1. My firm continues to meet the criteria established by the Small Business Administration for being a small business concern, as well as, the overall gross receipts cap set forth in 49 CFR Part 26.

2. I am a socially and economically disadvantaged individual under the criteria set forth in 49 CFR Part 26 and my personal net worth does not exceed $1.32 million.

I swear that the foregoing statements and ensuing attachments are true and accurate. I understand that this affidavit is made subject to the penalties of state criminal law relating to filing false statements, (11 Del.C. § 877 as amended), which provides that if I knowingly make false statements, I may be subject to criminal penalties.

_____
(SIGNATURE OF AFFIANT) (DATE)

_____
(PRINTED NAME)

_____
(TITLE)

(SEAL)

_____
(NAME OF DBE FIRM)

SWORN AND SUBSCRIBED BEFORE ME

this _____ day of _____, 20 _____ (SIGNATURE OF NOTARY) _____

Commission Expires: _____

Last Updated 3/24/2011