



# MISSISSIPPI



## Unified Certification Program – Disadvantaged Business Enterprise

### YEARLY CERTIFICATION NO-CHANGE AFFIDAVIT

To Comply with the requirement of 49 C.F.R. 26.83(h), (i) and (j) concerning the Disadvantaged Business Enterprise Program involving contracts in which there is financial assistance by the United States Department of Transportation, each certified DBE firm must provide every year on its anniversary date the following affidavit.

Your firm's failure to provide this affidavit "within 30 days" may deem your firm to have failed to cooperate under 49 A.F.R. Part 26.109(c) which shall be grounds for removal of eligibility from the DBE program.

As a certified firm you must inform the Mississippi Department of Transportation in writing of any changes in circumstances affecting your ability to meet business size, disadvantaged status, ownership, or control requirements of this part or of any material change in the information provided in your application form. Changes in management responsibility among members of a limited liability company are covered by this requirement. You must attach supporting documentation describing in detail the nature of such changes. The notice must take the form of an affidavit sworn to by the owners of the firm before a person who is authorized by the state law to administer oaths or of an unsworn declaration executed under penalty of perjury of the laws of the United States. You must provide the notification within 30 days of the occurrence of any such change. If you fail to make timely notification of such a change, you will be deemed to have failed to cooperate under Section 26.109(dc).

#### AFFIDAVIT

By the submission of this sworn affidavit, when properly signed and notarized, the herein named \_\_\_\_\_

\_\_\_\_\_, (***name of certified firm***) states there have been no changes in the firm's circumstances affecting the basis on which the certification is based. There have been no changes in the firm's circumstances affecting its ability to meet business size, disadvantaged status, ownership or control requirements, or any material changes in the information provided in its application for certification, except for changes about which the firm has already notified the Mississippi Department of Transportation.

Signature \_\_\_\_\_  
(Must be signed by President or Chief Executive Officer or Owner)

Name: \_\_\_\_\_  
(Please print or type name)

Title: \_\_\_\_\_

Date \_\_\_\_\_

Corporate Seal (Where appropriate)

State Of: \_\_\_\_\_

County of: \_\_\_\_\_

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

Seal

Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

# DBE QUESTIONNAIRE

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

1. List company owner(s):

Name	Title	% of Ownership	Race / Nationality
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. If a corporation, attach a copy of last minutes of directors and last minutes of stockholder meeting.

3. List company Board of Directors

Directors Name	Title	% of Ownership	Race / Nationality
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. List your NAICS code(s) and description of work your company performs \_\_\_\_\_  
\_\_\_\_\_

5. Give the gross income for your company (before taxes) for the past 3 years.

\$ \_\_\_\_\_ Year \_\_\_\_\_  
\$ \_\_\_\_\_ Year \_\_\_\_\_  
\$ \_\_\_\_\_ Year \_\_\_\_\_

6. Attach certified financial statements, income tax returns, or other documentation for each year.

7. Please list the states in which you are currently certified. \_\_\_\_\_  
\_\_\_\_\_

8. Since your company's last "No Change Affidavit" with MDOT, has your company applied for DOT DBE certification in another state? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, what state? \_\_\_\_\_.  
Was your company approved? Yes \_\_\_\_\_ No \_\_\_\_\_. If no, attach a copy of your denial letter from that state.

9. If you are an out of state contractor, please attach a copy of your current home state certification.

10. Is your company still actively pursuing contract work under its certified classification? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, has your firm received a contract or worked within your classification over the last 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_.

11. If your 3-year certification has expired this year, have you attached a Personal Net Worth Statement, a statement of Social and Economic Disadvantage, and the supporting documentation? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_.

12. This is to certify that the information provided above is true and accurate. This \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
*Signature & Title*  
*Majority DBE Owner*