

**FLORIDA UNIFIED CERTIFICATION PROGRAM  
DISADVANTAGED BUSINESS ENTERPRISE  
AFFIDAVIT  
INTERSTATE CERTIFICATION APPLICATION**

Business Name: \_\_\_\_\_ Federal Identification No. \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

I/We the undersigned owner(s) of the above referenced firm submit the enclosed application for Disadvantaged Business Enterprise (DBE) certification in the State of Florida and do hereby declare and affirm the facts presented herein are true and correct to the best of my/our knowledge:

1. All the information required by 49 CFR 26.85(c) is attached, and complete.
2. The facts set forth in the on-site conducted \_\_\_\_\_ from \_\_\_\_\_ (home state) remain true and correct.
3. An identical copy of the application, all supporting documents, and any other information submitted to my/our home state and any other state related to this firm's certification, including affidavits of no change, any notices of changes, as well as all correspondence related to the firm's application or status as a DBE has been provided with this affidavit.

**ANY MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION OR AFFIDAVIT IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.**

Owner 1 Signature	Printed Name & Title	Date
Owner 2 Signature	Printed Name & Title	Date
Owner 3 Signature	Printed Name & Title	Date
Owner 4 Signature	Printed Name & Title	Date
Owner 5 Signature	Printed Name & Title	Date
Owner 6 Signature	Printed Name & Title	Date

**Notary:**  
STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day \_\_\_\_\_ 20\_\_\_\_\_.

**(NOTARY SEAL)**

\_\_\_\_\_  
(Signature of Notary)

\_\_\_\_\_  
(Name of Notary, Typed, Printed, or Seal)

Personally known or produced identification, \_\_\_\_\_ (type of identification).