

FLORIDA UNIFIED CERTIFICATION PROGRAM



FLORIDA DEPARTMENT OF TRANSPORTATION

Equal Opportunity Office, 605 Suwannee Street, MS 65, Tallahassee, Florida 32399-0450

Phone: (850) 414-4747 / Fax: (850) 414-4879

Disadvantaged Business Enterprise (DBE) Program
AFFIDAVIT FOR CONTINUING ELIGIBILITY

DECLARATION

This declaration executed under penalty of perjury of the laws of the United States and State of Florida.

[Print All Items]

BUSINESS NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

(Include City State and Zip Code)

MAILING: (If different): _____

(Include City, State and Zip Code)

PHONE: () - FAX: () - _____

E-MAIL ADDRESS: _____

You **must** include the following with this affidavit:

1. **COMPLETE** BUSINESS TAX RETURN FOR THE CURRENT YEAR; This must be a Form 1120, 1120S, 1065 or a Schedule C, together with all related schedules and statements. (You must include the gross receipts of any and all affiliate businesses together with their respective tax returns, as well).
2. UP-TO-DATE STATEMENT OF PERSONAL NET WORTH [PNW]. A separate PNW is required for every owner claiming disadvantaged status. (Do not include the value of a primary residence or the DBE firm).
3. **COMPLETE** CURRENT YEAR PERSONAL TAX RETURN; A separate Form 1040 is required for every owner claiming disadvantaged status. (Must include all related schedules and statements).
4. CURRENT BUSINESS, OCCUPATIONAL, PROFESSIONAL LICENSE, AND REQUIRED CERTIFICATIONS: (renewed since last affidavit or DBE application).
5. SUPPORT DOCUMENTATION FOR ANY AFFIRMATIVE ("YES") RESPONSE TO ITEMS "B" OR "C" FOUND ON THE OTHER SIDE OF THIS AFFIDAVIT.

FAILURE TO SUBMIT THIS AFFIDAVIT, BY THE ANNIVERSARY DATE, AND/OR FAILING TO PROVIDE ALL REQUIRED SUPPORT DOCUMENTATION, WILL RESULT IN DBE CERTIFICATION REMOVAL BY THE DEPARTMENT.

YOU MUST COMPLETE ITEMS A, B, AND C, BELOW

- A. CURRENT YEAR GROSS RECEIPTS: \$ _____.
(If you filed an IRS Tax Return Extension, you must provide a copy of the extension, and a current year income statement).
- B. CHANGE IN OWNERSHIP THIS PAST YEAR: YES NO
(If "yes," New Owners must submit an "Affidavit of Certification", proof of investment; documents indicating race, gender, ethnicity and citizenship status; stock certificates, partnership agreements, Corporate Meeting Minutes etc. reflecting said changes for all new owners).
- C. CHANGE IN MANAGEMENT: (Include Board of Directors for Corporations) YES NO
(If "Yes," provide the names, title, and detail resume that includes employer's name, dates, and description of duties and responsibilities).

Must Be Signed By All Disadvantaged Individual Owners

I/We understand that any material misrepresentation shall be grounds for REMOVING DBE certification, and initiation of actions under Federal and/or State laws regarding the making of false statements.

I/We hereby certify that there have been no material changes to the information provided with this firm's most recent complete application for DBE certification, except those herein conveyed to the Florida Department of Transportation's Equal Opportunity Office, in writing.

_____	_____
<i>(Printed name/title)</i>	<i>(Signature, Disadvantaged Owner)</i>
_____	_____
<i>(Printed name/title)</i>	<i>(Signature, Disadvantaged Owner)</i>
_____	_____
<i>(Printed name/title)</i>	<i>(Signature, Disadvantaged Owner)</i>
_____	_____
<i>(Printed name/title)</i>	<i>(Signature, Disadvantaged Owner)</i>

Sworn to and subscribed before me this _____ day of _____, 20____.
Personally Known _____ OR Produced Identification _____.
(Type of Identification Produced)

STATE OF _____
COUNTY OF _____

(Signature of Notary)

(Notary's Printed Name)

My Commission Expires: _____

(Use Additional Sheets, If Necessary)