



**ILLINOIS UNIFIED CERTIFICATION PROGRAM**  
**DBE NO CHANGE AFFIDAVIT**

If a question does not apply write "N/A"

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_ Federal Employer I.D. No.: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

*List annual gross receipts for the last three years:*

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

*List the number of employees for the last three years:*

Year \_\_\_\_\_ # \_\_\_\_\_ Year \_\_\_\_\_ # \_\_\_\_\_ Year \_\_\_\_\_ # \_\_\_\_\_

<b>SUBMISSION OF THE FOLLOWING DOCUMENTS ARE REQUIRED FOR CONTINUING DBE CERTIFICATION STATUS:</b>
▪ Affidavit must be signed by all individuals whose social and economic status is relied upon for certification (51% DBE Ownership required.) Affidavit must be notarized.
▪ Signed copy of current U.S. Federal Corporate Income Tax return including all schedules for all individuals whose socio and economic status is relied upon for DBE certification (51% DBE Ownership required).
▪ Copies of current business, professional, construction trade licenses and/or permits.

*Identify any owner or management official of the applicant firm who has an ownership interest in any other firm. Provide information as to owner's title, address of firm, percent of ownership and product or service of the other firm.*

<i>Owner/Manager</i>	<i>Name and Address of Other Firm</i>	<i>Title in Other Firm</i>	<i>% Of Ownership</i>	<i>Product or Service of Firm</i>

**Note:** For any additional specialty area you wish to apply for in which you were not previously certified, submit the necessary documentation, (licenses, resumes, previous contracts, etc.) demonstrating ability to perform a commercially useful function in such additional area (s).

Upon penalty of perjury, the undersigned certifies that he/she is the \_\_\_\_\_

(Title in Firm)

of \_\_\_\_\_ and that he/she is authorized by the firm to execute this

(Firm Name)

affidavit in its behalf and attests to the accuracy and truthfulness of the information on the affidavit and its supporting documentation. Affiant(s) also understands that information provided herein may be audited, shared or verified by other means with other city, state or federal agencies as provided by law.

The affiant(s) also affirms that the disadvantaged, minority or women interests in the business constitutes 51% majority control over business operations and further affirms that there have been no changes in the circumstances of \_\_\_\_\_ affecting its ability to meet size, disadvantaged status, ownership, or control

(Firm Name)

requirements of 49 CFR Part 26. There have been no material changes in the information provided with the original application for certification, except for any changes in which you have provided written notice under 49 CFR 26.83 (i). The applicant and its affiliates continue to meet the Small Business Administration (SBA) criteria for being a small business concern and its average annual gross receipts (pursuant to SBA, NAICS size limits), in addition to ensuring the firm's previous three fiscal years, does not exceed the USDOT, \$26.29 million size limit. The undersigned also agrees to inform in writing of any circumstances affecting its ability to meet size, disadvantage status, ownership or control requirements of this part or any material change in the information provided in your application form. Change notices must take the form of a notarized affidavit, sworn to by the applicant, executed under penalty of perjury of the laws of the United States. **Applicant must provide written notification within 30 days of the occurrence of the change.** Failure to make timely notification of such changes will deem the firm to have failed to cooperate under section 26.109(c).

Under SEC 26.107 of 49 CFR Part 26: If at any time the Department or a Recipient has reason to believe that any firm that does not meet the eligibility criteria of Subpart D, Certification Standards, and attempts to participate in a DOT assisted program as a DBE on the basis of false, fraudulent, or deceitful statements or representations or under circumstances indicating a serious lack of business integrity or honesty, the Department may initiate suspension or debarment proceedings against you under 49 CFR Part 29. The Department may also take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, against any participant in the DBE program whose conduct is subject to such action. The Department may refer to the Department of Justice, for prosecution under U.S.C. 1001 or other applicable provisions of law, any person who makes a false or fraudulent statement in connection with participation of a DBE in any DOT assisted program or otherwise violates applicable Federal statutes.

I/We understand and acknowledge that to fraudulently obtain or retain certification or public monies, to willfully make a false statement to an official for the purpose of influencing certification eligibility or to obstruct or impede an official or employee who is investigating the qualification of a business which has requested certification is a Class 2 felony subject to prosecution under 720 ILCS 5/33C of the Criminal Code of the State of Illinois. ANY MATERIAL MISREPRESENTATION OF INFORMATION IN THIS DOCUMENT WILL BE GROUNDS FOR: (1) DENIAL OF CERTIFICATION (2) DECERTIFICATION/REMOVAL OF ELIGIBILITY (3) DEBARMENT (4) TERMINATING ANY CONTRACT WHICH MAY BE AWARDED AND (5) INITIATING ACTION UNDER FEDERAL OR STATE LAWS CONCERNING FALSE STATEMENTS.

\_\_\_\_\_  
(Signature of Owner, Title) Date

\_\_\_\_\_  
(Signature of Owner, Title) Date

**Notary Seal:** Subscribed and sworn to before me this \_\_\_\_\_ date of \_\_\_\_\_, 20\_\_\_\_\_.

**Signed:** \_\_\_\_\_ **Notary Public in and for the County of:** \_\_\_\_\_

**State:** \_\_\_\_\_ **My commission expires:** \_\_\_\_\_

**Notary Seal:**