



OFFICE OF DIVERSITY & BUSINESS ENTERPRISE
SBE 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** _____ # _____

**SUBMISSION OF THE FOLLOWING DOCUMENTS ARE
 REQUIRED FOR CONTINUING SBE VERIFICATION STATUS:**

- Affidavit must be signed by all individuals whose economic status is relied upon for certification (51% SBE Ownership required.) Affidavit must be notarized.
- Signed copy of current U.S. Federal Corporate Income Tax return including all schedules for all individuals whose economic status is relied upon for SBE verification (51% SBE 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 verified, 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 affidavit in its behalf
(Firm Name)

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 interest whose economic status is relied upon for SBE verification 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, economic status, ownership, or control

(Firm Name)

requirements. There have been no material changes in the information provided with the original application for verification, except for any changes in which you have provided written notice. 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, \$23.98 million size limit. The undersigned also agrees to inform in writing of any circumstances affecting its ability to meet size, economic 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.

If at any time the Department or a Recipient has reason to believe that any firm that does not meet the eligibility criteria of SBE verification, and attempts to participate in a DOT assisted program as a SBE 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. The Department may also take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, against any participant in the SBE 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 SBE 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: