

Business Contact Information							
Legal Firm Name:							
DBA Name:							
Tax Identification Number							
Qualifying Owners Name (s):							
Business Phone:				Business Fax:			
Email Address:				Website:			
Physical Address:							
City:				State:			
Mailing Address:							
City:				State:			

REQUIRED FOR ALL DBE FIRMS - In order to complete your Affidavit of DBE Eligibility you <u>must</u> attach copies of all of the following documents.		Time Period
<input type="checkbox"/>	Business Federal Tax Return Submit the Businesses <u>fully completed</u> Tax Return with attachments	Past Year
<input type="checkbox"/>	Business Owner's Individual Federal Tax Returns Submit the Personal <u>fully completed</u> Tax Returns for each qualifying owner	Past Year
<input type="checkbox"/>	Signed DBE Affidavit of Eligibility	Current Year

REQUIRED FOR DBE FIRMS SUBMITTING CHANGES - If there have been <u>changes</u> in any of the following categories, the following documentation MUST be submitted. If your DBE firm has not had material changes to its DBE program eligibility requirements, you do not need to submit these documents.		Time Period
<input type="checkbox"/>	Change in ownership / New Owners Submit a list of the following information: <ul style="list-style-type: none"> • New Owner's Resume' & Responsibilities • Documentation of Investment made to acquire ownership 	Since last certification
<input type="checkbox"/>	Business Description <ul style="list-style-type: none"> • Submit an updated Business Description 	Current Year
<input type="checkbox"/>	New or Updated Vehicle Information <i>(For Trucking & Construction Firms Only)</i> Type of Vehicle, Serial Numbers & purchase agreements on equipment; <ul style="list-style-type: none"> • Lease, rental or purchase agreements • Insurance documents on the equipment 	Since last certification
<input type="checkbox"/>	Changes in Work Areas and/or Services <ul style="list-style-type: none"> • Additions or changes to existing work description • Include NAICS Code. See NAICS website at: http://www.sba.gov/size/ 	Since last certification



AFFIDAVIT OF DBE ELIGIBILITY - 2017

Name of Business: _____

I, _____, owner of _____
(Owners Name) (Business Name)

swear or affirm that during 2017 there have not been any changes in circumstances, affecting this business' ability to meet the size, disadvantage status, ownership, or control requirements of 49 C.F.R. Part 26 and 13 C.F.R. Part 121. I further declare that there have been no material changes in the information provided with my application for certification except for any changes which have been provided to the Minnesota Unified Certification Program and its member organizations by written notice as required under 49 C.F.R. §26.83(i).

I declare that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified in 49 C.F.R. §26.5, without regard to my individual qualities. I further declare that my personal net worth does not exceed \$1,320,000, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business whom are not socially and economically disadvantaged.

In addition, I specifically declare that _____ (Business Name) continues to meet the Small Business Administration business size criteria and the overall gross receipts cap of 49 C.F.R. Part 26. I am providing the attached size and gross receipts documentation to support this declaration. Gross receipts for the last three years are listed below:

These Boxes Must Be Filled Out

2014	2015	2016

I declare under penalty of perjury that the foregoing is true and correct¹. I understand any material misrepresentation is grounds for perjury and subsequent sanctions or prosecution.

Printed Name of Owner

Title

Signature of Owner **(Required)**

____/____/____
Date

Notarization (Optional)

State of _____ County of _____

On this _____ day of _____ before me appeared _____

To be personally known, whom being duly sworn, did execute the foregoing affidavit

(Seal)
Notary Public

¹ Knowing and willfully providing false information to the Federal government is a violation of 18 U.S.C. Section 1001 and could subject you to fines, imprisonment or both.