



## DBE ANNUAL AFFIDAVIT

**Please complete the following information, sign, notarize and return this form to your certifying agency along with your firm's most recent federal business tax return(s) for the DBE firm and any affiliate firms.**

Contact person and Title:		Legal name of firm:		
Federal Tax ID:				
Phone #:	Other Phone #:	Fax #:		
E-mail:		(7) Website (if have one):		
Street address of firm (No P.O. Box):		City:	County/Parish:	State: Zip:
Mailing address of firm (if different):		City:	County/Parish:	State: Zip:
Type of firm (check all that apply): <ul style="list-style-type: none"> <li><input type="checkbox"/> Sole Proprietorship</li> <li><input type="checkbox"/> Partnership</li> <li><input type="checkbox"/> Corporation</li> <li><input type="checkbox"/> Limited Liability Partnership</li> <li><input type="checkbox"/> Limited Liability Company</li> <li><input type="checkbox"/> Joint Venture</li> <li><input type="checkbox"/> ACDBE</li> <li><input type="checkbox"/> Other, Describe: _____</li> </ul>				
Number of employees: Full time: _____ Part time: _____ Temporary: _____ = Total: _____				
<b><u>Out of State Firms</u></b> <ul style="list-style-type: none"> <li>• Is the firm currently certified in your home state?      <input type="checkbox"/> Yes <input type="checkbox"/> No           <ul style="list-style-type: none"> <li>○ If yes, when was the latest on-site conducted? _____  <b>(please include copy of certification letter/certificate if possible)</b></li> <li>○ If no, when was your firm's DBE status removed? _____  <b>(please include copy of removal of eligibility letter)</b></li> </ul> </li> </ul>				

**Owners/Shareholders, Officers or Board of Directors**

- Since your last submission, have there been any changes to the firm’s owners/shareholders, officers or board of directors?  
Yes No
- Do any of the firm’s current owners/shareholders, officers or board of directors perform a management/supervisory function or have ownership in any other firm(s)?  
Yes No
- Since your last submission, have there been any changes to the disadvantaged owner(s) responsibilities within the firm?  
Yes No
- Since your last submission, have you or any owners/shareholders sold or transferred any interest in the business?  
Yes No

**Personal Net Worth (PNW)**

- Since your last submission, has the disadvantaged owner(s) acquired any new real estate?  
Yes No
- Since your last submission, have there been changes to the PNW of the disadvantaged owner(s)?  
Yes No
- Is the PNW of the disadvantaged owner(s) equal to or less than \$1,320,000?  
Yes No
- Since your last submission, have there been any contributions or transfers of assets to/from your firm and to/from any of its owners?  
Yes No

**Trucking Firms**

- Since your last submission, has the firm acquired or sold any trucks?  
Yes No

**Business Activities**

- Since your last submission, has your firm begun to work in any new areas and/or provided new services or supplies?  
Yes No
  - If yes, please provide a description and NAICS code(s) below and attach any documentation to support your claim (i.e. contracts, invoices, etc.)

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PLEASE NOTE: You cannot submit the affidavit of no change if, this year, there have been any change in circumstances affecting your ability to meet the size, disadvantaged status, ownership, or control requirements of the DBE program or any material change in the information provided in your application form that you have not yet reported to the PA UCP, as required by 49 C.F.R. 26.83(i). If such a change has occurred, you must submit to us immediately a separate notice in the form of an affidavit concerning that change.

**AFFIDAVIT OF CERTIFICATION**

*This form must be signed and notarized for each owner upon which disadvantaged status is relied.*

**A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS ANNUAL AFFIDAVIT IS SUFFICIENT CAUSE FOR 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.**

State/Commonwealth of \_\_\_\_\_)

County of \_\_\_\_\_) ss.

Before me, the undersigned notary public, this day, personally, appeared \_\_\_\_\_ to me known, who being duly sworn according to law, deposes the following:

I certify that I, \_\_\_\_\_, am a socially and economically disadvantaged who is the owner/co-owner of \_\_\_\_\_ (hereinafter "company"). As such, I acknowledge and agree that any misrepresentations in this annual affidavit or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I affirm that there have been no changes in circumstances affecting the company's ability to meet size, disadvantaged status, ownership, and/or control requirements of Part 26 nor have there been any material changes in the information provided in the company's application form, except for changes about which I have notified the recipient under 49 CFR 26.83(i).

I further affirm that my company continues to meet the Small Business Administration size criteria and the overall gross receipts cap of Part 26.

I further certify that my personal net worth does not exceed \$1,320,000.

I further certify that the attached Federal Business tax return for the company and/or affiliate firms, signed \_\_\_\_\_, 20\_\_\_\_ is the company's most recent submission and is a true, correct and complete copy of the original.

I acknowledge that any distortion, false statements, or non-disclosure of information will be deemed to be a material misrepresentation and is subject to prosecution under both Federal and State Law.

(SEAL)

SWORN AND SUBSCRIBED BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

_____	_____
(SIGNATURE OF AFFIANT)	(DATE)
_____	
(PRINTED NAME)	
_____	
(TITLE)	
_____	
(COMPANY NAME)	
_____	
(SIGNATURE OF NOTARY PUBLIC)	
My Commission Expires: _____	

## Desired Work Location

Please indicate the County(ies) to denote the geographical area of the Commonwealth where you would consider doing work.

- |                                    |                                     |                                     |                                     |                                       |                                       |                                       |
|------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> STATEWIDE |                                     |                                     |                                     |                                       |                                       |                                       |
| <input type="checkbox"/> Adams     | <input type="checkbox"/> Cambria    | <input type="checkbox"/> Cumberland | <input type="checkbox"/> Huntingdon | <input type="checkbox"/> Lycoming     | <input type="checkbox"/> Philadelphia | <input type="checkbox"/> Venango      |
| <input type="checkbox"/> Allegheny | <input type="checkbox"/> Cameron    | <input type="checkbox"/> Dauphin    | <input type="checkbox"/> Indiana    | <input type="checkbox"/> McKean       | <input type="checkbox"/> Pike         | <input type="checkbox"/> Warren       |
| <input type="checkbox"/> Armstrong | <input type="checkbox"/> Carbon     | <input type="checkbox"/> Delaware   | <input type="checkbox"/> Jefferson  | <input type="checkbox"/> Mercer       | <input type="checkbox"/> Potter       | <input type="checkbox"/> Washington   |
| <input type="checkbox"/> Beaver    | <input type="checkbox"/> Centre     | <input type="checkbox"/> Elk        | <input type="checkbox"/> Juniata    | <input type="checkbox"/> Mifflin      | <input type="checkbox"/> Schuylkill   | <input type="checkbox"/> Wayne        |
| <input type="checkbox"/> Bedford   | <input type="checkbox"/> Chester    | <input type="checkbox"/> Erie       | <input type="checkbox"/> Lackawanna | <input type="checkbox"/> Monroe       | <input type="checkbox"/> Snyder       | <input type="checkbox"/> Westmoreland |
| <input type="checkbox"/> Berks     | <input type="checkbox"/> Clarion    | <input type="checkbox"/> Fayette    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Montgomery   | <input type="checkbox"/> Somerset     | <input type="checkbox"/> Wyoming      |
| <input type="checkbox"/> Blair     | <input type="checkbox"/> Clearfield | <input type="checkbox"/> Forest     | <input type="checkbox"/> Lawrence   | <input type="checkbox"/> Montour      | <input type="checkbox"/> Sullivan     | <input type="checkbox"/> York         |
| <input type="checkbox"/> Bradford  | <input type="checkbox"/> Clinton    | <input type="checkbox"/> Franklin   | <input type="checkbox"/> Lebanon    | <input type="checkbox"/> Northampton  | <input type="checkbox"/> Susquehanna  |                                       |
| <input type="checkbox"/> Bucks     | <input type="checkbox"/> Columbia   | <input type="checkbox"/> Fulton     | <input type="checkbox"/> Lehigh     | <input type="checkbox"/> Northumber'd | <input type="checkbox"/> Tioga        |                                       |
| <input type="checkbox"/> Butler    | <input type="checkbox"/> Crawford   | <input type="checkbox"/> Greene     | <input type="checkbox"/> Luzerne    | <input type="checkbox"/> Perry        | <input type="checkbox"/> Union        |                                       |

## County Map of Pennsylvania

