

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

<b>REQUIRED FOR ALL DBE FIRMS</b> - In order to complete your Affidavit of DBE Eligibility you <u>must</u> attach copies of all of the following documents.		<b>Time Period</b>
<input type="checkbox"/>	<b>Business Federal Tax Return</b> Submit the Businesses Tax Return	2019
<input type="checkbox"/>	<b>Signed DBE Affidavit of Eligibility</b>	2020
<input type="checkbox"/>	<b>Number of Employees _____</b>	2020

<b>REQUIRED FOR DBE FIRMS SUBMITTING CHANGES</b> - If there have been <u>changes</u> in any of the following categories, the following documentation <b>MUST</b> 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.		<b>Time Period</b>
<input type="checkbox"/>	<b>Change in ownership / New Owners</b> Submit a list of the following information: <ul style="list-style-type: none"> <li>• New Owner's Resume' &amp; Responsibilities</li> <li>• Documentation of Investment made to acquire ownership</li> </ul>	Since last certification
<input type="checkbox"/>	<b>Business Description</b> <ul style="list-style-type: none"> <li>• Submit an updated Business Description</li> </ul>	Current Year
<input type="checkbox"/>	<b>New or Updated Vehicle Information</b> <i>(For Trucking &amp; Construction Firms Only)</i> Type of Vehicle, Serial Numbers & purchase agreements on equipment; <ul style="list-style-type: none"> <li>• Lease, rental or purchase agreements</li> <li>• Insurance documents on the equipment</li> </ul>	Since last certification
<input type="checkbox"/>	<b>Changes in Work Areas and/or Services</b> <ul style="list-style-type: none"> <li>• Additions or changes to existing work description</li> <li>• Include NAICS Code. See NAICS website at: <a href="http://www.sba.gov/size/">http://www.sba.gov/size/</a></li> </ul>	Since last certification



# AFFIDAVIT OF DBE ELIGIBILITY – 2020

Name of Business: \_\_\_\_\_

I, \_\_\_\_\_, owner of \_\_\_\_\_  
(Owners Name) (Business Name)

swear or affirm that during 2019 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**

2017	2018	2019

I declare under penalty of perjury that the foregoing is true and correct<sup>1</sup>. 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

<sup>1</sup> 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.