



DISADVANTAGED BUSINESS ENTERPRISE (DBE/ACDBE) AFFIDAVIT OF NO CHANGE

Participation in the DBE Program requires an annual review of your business structure to remain eligible in the Program. Please complete all sections and provide required supportive documentation. Incomplete information will be returned to the applicant. Failure or refusal to provide the information is grounds for a denial or removal of certification as per [49 CFR Part 26](#). Any material or false statement made in connection with this application is also sufficient cause for denial of certification, 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.

If you have questions or need assistance completing this form, please contact the office at DBEcertifications@dot.nh.gov.

Submit your completed form to DBEcertifications@dot.nh.gov or mail it to: NHDOT DBE Certifications, 7 Hazen Drive, PO Box 483, Concord, NH 03302-0483.

BUSINESS INFORMATION (All fields required)

Name of Firm: _____ FEIN Number: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____)____-____ Fax: (____)____-____

E-Mail: _____ Website: _____

Business Principal Office Address: _____

Business Contact Person: : _____

NAICS Codes: _____, _____, _____, _____, _____, _____, _____, _____

Number of Employees for the last three (3) years:

Year _____ Full Time _____ Part Time _____ Total _____

Year _____ Full Time _____ Part Time _____ Total _____

Year _____ Full Time _____ Part Time _____ Total _____

Annual Gross Receipts for the **last three (3) years** (exact values):

Year _____ Gross Receipts of DBE Firm \$ _____ Gross Receipts of Affiliate Firms \$ _____

Year _____ Gross Receipts of DBE Firm \$ _____ Gross Receipts of Affiliate Firms \$ _____

Year _____ Gross Receipts of DBE Firm \$ _____ Gross Receipts of Affiliate Firms \$ _____

**Please submit a copy of your firm's most current federal tax return
With all schedules and worksheets, as well as a copy of your affiliates.**

Please list all your affiliates and number of affiliate's Employees for the **last three (3) years**:

Affiliate Firm Name: _____

Year _____ Full Time _____ Part Time _____ Total _____

Affiliate Firm Name: _____

Year _____ Full Time _____ Part Time _____ Total _____

Affiliate Firm Name: _____

Year _____ Full Time _____ Part Time _____ Total _____

(If you have more than three affiliates, please list their names on an additional piece of paper)

Answer the following questions (1-7):

1. Has the legal structure of your business changed since your last annual certification renewal?
Yes No
2. Has the legal management, ownership or control of this firm changed since your last annual certification renewal? Yes No
3. Did any of the disadvantaged owners of this firm obtain ownership interest in another firm since your last annual certification renewal? Yes No
4. Did any of the disadvantaged owners of this firm obtain management duties in another firm since your last annual certification renewal? Yes No
5. Did any of the disadvantaged owners of this firm obtain employment (full time or part time) elsewhere since your last annual certification renewal? Yes No

If you answered yes to any of the questions above, please explain the change on your firm's letterhead and provide relevant documentation supporting this change.

6. Considering all your assets and liabilities (excluding the value of your personal residence and the value of your disadvantaged business) is your current personal net worth greater than \$1.32 million dollars?
Yes No You may be asked to provide additional information.
7. Have you added any new work areas to your firm since your last annual certification renewal?
Yes No If yes, please submit a DBE Request for Modification of NAICS codes Form and any documentation you may have supporting change in your scope of work.

DISADVANTAGED OWNER(S) INFORMATION
(All fields Required)

Certification Requested: DBE ACDBE

Gender: Male Female

U.S. Citizenship: **Choose One** U.S. Citizen: Lawfully Admitted Permanent Resident:

Ethnic Group Membership: Black Hispanic Subcontinent Asian Asian Pacific

Native American Caucasian Other (Specify) _____

Any misrepresentation made in this Affidavit will be grounds for initiating proceedings to remove your firm's DBE certification status with the New Hampshire DBE Certification Program. If your firm does not meet the eligibility criteria to be certified as a DBE and attempts to participate in the DBE program based on false, fraudulent or deceitful representations, the U.S. Department of Transportation may initiate suspension or debarment proceedings against your firm and/or other enforcement action may be taken against you including referral for prosecution under applicable Federal and State statutes.

As required by Title 49, Code of Federal Regulations (CFR) Part 26, Subpart E, Section 26.83(j), I/We, the undersigned, affirm that there have been no changes in my/our firm's circumstances affecting its ability to meet the size, disadvantaged status, ownership, or control requirements of 49 CFR Part 26.

I/We, the undersigned, affirm the personal net worth of each owner, whose ownership is relied upon for disadvantaged status, **does not exceed \$1,320,000.**

I/We further affirm that there have been no material changes in the information provided with my/our firm's application for certification, except for any changes about which I/we have previously provided written notification to the New Hampshire Department of Transportation, Office of Access, Opportunity and Compliance, DBE Certification Department pursuant to 49 CFR §26.83(i).

I/We further affirm that the above referenced firm, including its affiliates as defined by the Small Business Administration (SBA), continues to meet the SBA business size criteria and the overall gross receipts cap of 49 CFR Part 26. More specifically, I/we affirm that the average annual gross receipts for my/our firm and its affiliates, as defined by SBA regulations (see 13 CFR §121.402), do not exceed the thresholds referenced in 49 CFR §26.65 over the firm's previous three fiscal years.

I/We have provided herewith the following supporting documentation of my/our firm's size and gross receipts to support this affidavit:

- **Signed and dated copies** of Federal Tax return(s) for the tax year most recently due (including **all** Schedules) for the DBE firm **and all of its affiliates**. If a sole proprietorship, Personal Federal Tax returns must be submitted; **OR**
- If your firm's Federal tax return(s) have not yet been filed for the tax year most recently due, you must provide a signed and dated copy of Internal Revenue Service Form 4868, *Application for Automatic Extension of Time to File Tax Return*, **and** other appropriate documentation to support the firm's size and annual gross receipts (e.g. audited Financial Statements).
- If your firm is based **OUTSIDE** of NEW HAMPSHIRE, include a copy of your current certification from your home state agency. Please note that NHDOT reserves the right to request additional information, as we deem necessary.

Under penalty of perjury of the laws of the United States, I/we certify to the truthfulness of the affirmations made in this affidavit and the accuracy of the information in the supporting documentation provided herewith.

Business Owner Signature: _____ Ownership % _____ Date: _____

Business Owner Signature: _____ Ownership % _____ Date: _____

Business Owner Signature: _____ Ownership % _____ Date: _____

Business Owner Signature: _____ Ownership % _____ Date: _____

This form must be signed by each disadvantaged owner and notarized.

NOTARY

State of _____, City/County of _____

On this _____ day of _____, 20_____, before me appeared the above-named individual(s) to me personally known, who being duly sworn, did execute the foregoing affidavit and did state that he/she/they was/were properly authorized to execute this affidavit and did so as a free act and deed.

(Seal/Stamp)

Notary Public

Commission Expires: _____