**CITY OF AUSTIN SMALL & MINORITY BUSINESS RESOURCES DEPARTMENT**
**& TEXAS UNIFIED CERTIFICATION PROGRAM**
**DBE ANNUAL UPDATE AFFIDAVIT**

1. Name of Business:_____
2. Mailing Address: _____
   *Number & Street Name or PO Box #* *City/State/Zip* *County*
3. Physical Address: _____
   *Number & Street Name* *City/State/Zip* *County*
4. Telephone Number_____ Fax Number_____

   Mobile Phone_____ E-mail address _____

   Internet Web Site / URL Address _____
5. Federal Tax Identification Number _____
6. Contact Person _____ Title asdf
7. Have there been changes in the NAICS codes? ◯ Yes ◯ No
8. Have there been changes in the business operations? ◯ Yes ◯ No
9. Have there been changes in ownership within the past year? ◯ Yes ◯ No
10. Have there been changes in business licensing? Provide a copy. ◯ Yes ◯ No
11. Have there been changes in the firm's work area selections? ◯ Yes ◯ No
12. Explain all changes and provide supporting documentation (s):_____

    _____

    _____
13. What are the firm's gross receipts and employees for the past three years?

| Year | Gross Receipts | FTE | PTE | Contract Employee |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

14. Please indicate the personal net worth ($) of each DBE owner:

Owner Name:_____ PNW:_____

Owner Name:_____ PNW:_____

Owner Name:_____ PNW:_____

Include the following documentation with this re-affirmation affidavit: Current federal income tax return, both business and personal (all DBE owners); minutes of last corporate organization meeting; and any agreements that amend or change ownership and/or control.

*--continued on back--*

AFFIDAVIT

The undersigned swears/affirms that the foregoing information and statements are true and correct, including all material and information necessary to identify and explain the firm _____ as well as the financial net worth of the owner (s).
(Name of Firm)

Further, the undersigned agrees to permit the entities of the Texas Unified Certification Program (TUCP) and/or U.S. Department of Transportation (DOT) as part of this certification process to interview owners, principals, officers and employees; and to audit or examine books, records and files of the above named company.

If at any time the TUCP or DOT has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements regarding this application, your file may be referred to the General Counsel of DOT. The General Counsel may initiate debarment procedures in accordance with 41 CFR 1-1.604 and 12-1.062 and /or refer the matter to the Department of Justice under U.S.C. 1001, as the General Counsel deems appropriate.

*NOTE: Under Title 18 U.S.C. Section 1001 and Title 15 U.S.C. Section 645, any person who misrepresents a firm's status as a small disadvantaged business concern or makes false statements in order to influence the certification process in any way in order to obtain a government contract, shall be subject to fines of up to $500,000 and imprisonment of up to 10 years, or both.*

The firm bears the burden of proving that it continues to meet the standards for being classified as a Disadvantaged Business Enterprise (DBE). The TUCP reserves the right to request any additional information deemed necessary to determine if an individual is economically disadvantaged and/or the firm is certifiable. Failure to cooperate and/or provide requested information within the time specified is grounds for termination of the process.

| | |
|---|---|
| _____ | _____ |
| Printed Name | Signature |
| _____ | _____ |
| Title | Date |

Date: _____ State of: _____ County of: _____

On this day before me appeared _____, with proper identification, who being duly sworn, did execute the foregoing affidavit and did aver that he or she was properly authorized to execute this affidavit and did so as his or her free act/deed.

(Seal)

| | |
|---|---|
| _____ | _____ |
| Notary Public | Commission Expiration |