



City of Austin

Founded by Congress, Republic of Texas, 1839

Small & Minority Business Resources Department- Certification Office, 4201 Ed Bluestein Boulevard, Austin, TX 78721

Mailing Address: PO Box 1088, Austin, Texas 78767, Telephone (512) 974-7645 Fax (512) 974-7609

MBE/WBE ANNUAL UPDATE AFFIDAVIT

1. Vendor Code: _____
2. Name Business: _____
3. Mailing Address: _____

Number & Street Name or PO Box #	City/State/Zip	County
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4. Physical Address: _____

Number & Street Name	City/State/Zip	County
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5. Telephone Number _____ Fax Number _____
 Mobile Phone _____ E-mail address _____
6. Internet Web Site / URL Address _____
7. Tax Identification Number _____
8. Contact Person _____ Title _____
9. Have there been changes in the business operations? Yes No
10. Have there been changes in ownership within the past year? Yes No
11. Have there been changes in business licensing? Provide a copy. Yes No
12. Have there been changes in the firm's work area selections? Yes No

Explain all changes and provide supporting documentation (s): _____

PLEASE NOTE:

If the above information is NOT correct please use the City's VSS system to update contact information. It is YOUR responsibility to ensure all information, including changes to commodity codes, is current and accurate. You may access the VSS system at www.ci.austin.tx.us/purchase. If you need assistance in making these changes, please contact Vendor Registration at (512) 974-2018 or by email at VendorReg@ci.austin.tx.us.

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The City of Austin is committed to compliance with the Americans with Disabilities Act. Reasonable modifications and equal access to communications will be provided upon request.

AFFIDAVIT

I _____, swear and affirm that all information is correct in regards to
insert name of MBE/WBE firm owner(s)

_____ 's circumstances affecting its ability to meet size, disadvantaged
insert name of MBE/WBE firm

status, ownership, or control requirements identified in the Austin City Code §§ 2-9(A)-(D). I swear and affirm there have been no material changes in the information provided with the application for certification, except for any changes about which I have provided written notice to the City of Austin Small and Minority Business Resources Department (SMBR).

I swear and affirm 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 the Austin City Code §§ 2-9(A)-(D), without regard to my individual qualities. I further swear (or affirm) that my personal net worth does not exceed \$1,341,000, 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 who are not socially and economically disadvantaged.

I specifically swear (or affirm) _____ continues to meet the Small
insert name of MBE/WBE firm

Business Administration (SBA) business size criteria established in 13 CFR Part 121, as amended. I provide the attached size and gross receipts documentation (most recent copy of business tax return) to support this affidavit.

I acknowledge that providing false or misleading information to the City of Austin in connection with an application for or challenge to a certification or recertification is a violation of the Austin City Code §§ 2-9A-25, 2-9B-25, 2-9C-25 and 2-9D-25 and may result in sanctions.

Owner's Signature _____ Date _____

On this _____ day of _____, 20____, before me appeared (name) _____, to me personally known, who, being duly sworn, did execute the affidavit and did so as his or her free act and deed.

Notary Public

(Notary Seal)

RETURN ORIGINAL NOTARIZED AFFIDAVIT, AND MOST RECENT BUSINESS TAX RETURN TO:

City of Austin- Small & Minority Business Resources Department, Certification Office
P.O. Box 1088, Austin, TX 78767
Telephone: (512) 974-7645 Fax: (512) 974-7609

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