

MBE/WBE ANNUAL UPDATE AFFIDAVIT

<u>PLEASE NOTE:</u> It is the certified firm's responsibility to ensure all contact information and changes to commodity codes, is current and accurate on the business' Vendor Connection profile. You may access Vendor Connection at https://www.ci.austin.tx.us/financeonline/vendor_connection/index.cfm. If you need assistance in making these changes please contact Vendor Registration at (512) 974-2018 or by email at vendorReg@austintexas.gov.

1.	Vendor Code:		_			
2.	Business Name:		-			
3.	Mailing Address	i:				
	-	Number & Street Nam	ne or PO Box	City, State/Zip	County	
4.	Physical Addres	ss:				
		Number & Street Name	or PO Box	City, State Zip	County	
5.	Contact Informat	tion:				
Τe	elephone:		<u> </u>			
		Ema		_		
6.	Business Owner	r(s):				
7.	7. Have there been changes in the business structure or operations? Yes No					
8.	. Have there been changes in ownership within the past year? Yes No					
9.	. Have there been changes in licensing? Provide a copy. Yes No					
10	10. Have there been changes in the firm's work location? Yes No					
Ex	plain any chang	es indicated above and	provide supporti	ng documentation:		
_						
11	. Does the Owner	r(s) Personal Net Worth E	xceed \$1,511,000.	00?	☐ Yes ☐ No	
12	What are the firr	m's gross receipts and en	nployees for the pa	st three years?		
⁄ea	ır Gro:	ss Receipts	FTE (Full Time Employees)	PTE (Part Time Employees)	Contract Employees	
				-		

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l,		(owner), swear and affirm that all inf	ormation is correct in				
(business)'s control requi been no mat any changes	circumstances affecting its a rements identified in the Austi erial changes in the informatio	bility to meet size, disadvantaged so City Code §§ 2-9(A)-(D). I swear a n provided with the application for cod written notice to the City of Austin	status, ownership, or and affirm there have ertification, except for				
ethnic prejud as a member regard to my \$1,511,000, a enterprise sy	ice or cultural bias, or have sur of one or more of the groups individual qualities. I further sw and that I am economically disa stem has been impaired due to	disadvantaged because I have been fered the effects of discrimination, be dentified in the Austin City Code §§ 2 wear (or affirm) that my personal net advantaged because my ability to color diminished capital and credit opportuses who are not socially and economic	ecause of my identity 2-9(A)-(D), without worth does not exceed mpete in the free tunities as compared				
specifically swear or affirm(business) continues to meet the Small 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.							
with an appl	ication for or challenge to a	sleading information to the City of certification or recertification is a nd 2-9D-25 and may result in sanc	violation of the Austin				
Owner's Sign	nature:	Date:					
On this	(day) of	(Month), 20	_, before me appeared				
	(Owner's Name), affidavit and did so as his or he	to me personally known, who, being er free act and deed.	duly sworn, did				
Not	tary Public/ Seal	Notary Sig	Notary Signature				

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 *OR* 4201 Ed Bluestein Blvd, Austin TX 78721 Telephone: (512) 974-7645

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.