



Annual Update Affidavit

INCOMPLETE AFFIDAVITS WILL NOT BE PROCESSED – YOU ARE REQUIRED TO ANSWER EVERY QUESTION COMPLETELY

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 _____
5. Tax Identification Number _____
6. Have there been changes in the NAICS codes? Yes _____ No _____
7. Have there been changes in the business operations? Yes _____ No _____
8. Have there been changes in ownership within the past year? Yes _____ No _____
9. Have there been changes in business licensing? Yes _____ No _____
10. Have there been changes in the firms work area selections? Yes _____ No _____
11. Explain any changes: _____

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

Year	Gross Receipts (\$)	F/T Employees	P/T Employees	Contract Employees

13. Contact Person _____ Title _____
14. Please indicate the personal net worth (\$) of each disadvantaged (DBE) owner:
 Owner Name: _____ Ownership % _____ PNW: _____
 Owner Name: _____ Ownership % _____ PNW: _____
 Owner Name: _____ Ownership % _____ PNW: _____
 Owner Name: _____ Ownership % _____ PNW: _____

Pursuant to 49 CFR Parts 26.81 and 26.83 you must include the following documentation with this annual update affidavit (incomplete updates will not be processed):

- **Current or most recent federal income tax returns, both business and personal;**
- **Minutes of last corporate organization meeting;**
- **Any agreements that amend or change ownership and/or control;**
- **If out of area DBE, include a copy of your current home state/agency DBE certificate or letter**
- **Original Notarized Annual Update Affidavit**

AFFIDAVIT

The undersigned swear/affirm that the foregoing information and statements are true and correct, include 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 Agency and/or U.S. Department of Transportation (DOT) as part of this certification process and thereafter to interview owners, principals, officers and employees; and to audit or examine books, records and files of the above firm and/or individual (s). Furthermore, any of the public entities that are part of this agency reserve the right to re-evaluate a firm's eligibility for certification.

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, 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 DBE. The Agency 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.

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

**RETURN ORIGINAL NOTIRIZED FORM & BACKUP DOCUMENTS TO:
SOUTH CENTRAL TEXAS REGIONAL CERTIFICATION AGENCY
3201 Cherry Ridge St., Suite C-319, San Antonio, Texas 78230
Phone Number 210-227-4722**