



New Jersey Department of Transportation

Division of Civil Rights and Affirmative Action

P.O. Box 600, Trenton, New Jersey 08625-0600

Telephone: (609) 530-3882

FAX: (609) 530-4030

DISADVANTAGED BUSINESS ENTERPRISE (DBE) ANNUAL "NO CHANGE" AFFIDAVIT

Instructions: Please print or type each item. Do not leave any spaces blank on the Affidavit. If a question is not applicable to your business, insert "NA" in the space provided for your answer. If you need additional space to answer a question completely, attach additional sheets as necessary. Your completed affidavit must be notarized before submission to our office.

1. Firm Name & Current Address

Company Name

Doing Business as (DBA) Name (if applicable)

Street

City

State

ZIP

Disadvantaged Owner

Contact Person

Telephone #: _____

FAX: _____

2. Number of Employees

Full Time _____ Part Time _____

3. Have there been any ownership changes in the firm since your last certification? ☐ Y ☐ N

Please explain: _____

4. Have there been any changes in the management of the firm in any of the following areas?

☐ Y ☐ N

Authorized Individual

Financial decisions

Signatories for business account

Negotiating & signing contracts

Hiring & firing

Other

5. Have there been any changes in the operation of the firm in the following areas? ☐ Y ☐ N

Estimating Field Supervision Negotiating Bonding	Authorized Individual _____ _____ _____
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6. Has any owner of the firm acquired an ownership interest in another company, since your last certification? ☐ Y ☐ N

Company Name	Address	% Ownership	Contact Person	Telephone #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. In the past year, has any owner or key management official been employed (as an employee or individual consultant) by another company? If yes, identify owner or management official employed, employer and job title/work performed. ☐ Y ☐ N

Company Name	Individual	Job Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. List sources and amounts of money loaned or invested in the company since your last certification renewal.

Source	Co-signer(s) Guarantor (s)	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Has your firm been denied certification, decertified, suspended, or challenged as a Disadvantaged Business Enterprise by an agency or institution since your last certification? (If yes, identify)

Agency	Date	Contact Person	Telephone #	Status
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. Is your firm currently prequalified with the New Jersey Department of Transportation?

☐ Y ☐ N

ADDITIONAL DOCUMENTS TO BE SUBMITTED

Submit the following documents with this application. Place a (Y) check in the box opposite each item being submitted. Indicate "NA" opposite those items that do not apply to your situation:

_____ Federal Corporate Tax Return (Form 1120 or 1120S); or Partnership Return (Form 1065); or Sole Proprietor tax returns (Schedule C) for the past year. (If you have submitted an IRS extension, please provide a copy of your federal IRS Extension request form.)

_____ Federal corporate, partnership, or sole proprietor (schedule C) tax returns for the past year or any affiliate firm(s) in which you have 50% or more ownership.

_____ Federal individual tax return (Form 1040) for most current year.

_____ For firms located outside of New Jersey, provide a copy of current home state certification.

This recertification is effective for one (1) year from the date of written notice provided there are no changes in the ownership, control and/or operations of the firm.

The undersigned does hereby swear that I am the duly authorized representative of _____ Company Name), holding the position of _____ and that the foregoing statements and attachments are true, accurate and complete and include all material information necessary to identify and explain the ownership, control and/or operations of the business. Further, I understand that any material misrepresentation will be grounds for denial of recertification or decertification and/or grounds for consideration of termination of any contracts which may have been awarded, and possible action under Federal or State law concerning fraud and deception.

I further swear that there has not been a change in the circumstances of my company, which affects its ability to meet the size, disadvantaged status, ownership or control requirements of the federal regulations.

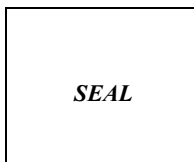
If, after filing this application for recertification, there is any change in ownership or control of this business or in any other information submitted, he/she will notify the Division of Civil Rights/Affirmative Action within 14 calendar days; and he/she understands that failure to do so may result in decertification and/or denial of recertification.

Signature of Applicant

Printed name of applicant

Title

Sworn to and subscribed before me this _____ day of _____, 20____, at _____
(city, state)



Notary Public