

**ALASKA UNIFIED CERTIFICATION PROGRAM (AUCP)
Disadvantaged Business Enterprise (DBE)
ANNUAL "NO CHANGE" AFFIDAVIT**

I _____, owner of _____
(owner name) *(firm name)*

affirm that there have been no changes in the circumstances of _____
(firm name)

affecting its ability to meet the size, disadvantaged status, ownership, or control requirements of 49 CFR, Part 26 and 13 CFR Part 121. I further declare that there have been no material changes in the information provided with

_____ *(firm name)*
application for certification, except for any changes about which I have provided written notice to the Alaska Department of Transportation and Public Facilities (ADOT&PF), Civil Rights Office (CRO), as required under 49 CFR §26.83(i).

I affirm that I am socially disadvantaged, a member of one or more of the groups, identified in 49 CFR §26.5, or have established an individual case of social disadvantage under Appendix E of 49 CFR Part 26. I am economically disadvantaged as described and in accordance with 49 CFR §26.67, and affirm that my personal net worth does not exceed \$1.32 million.

I further authorize the ADOT&PF, CRO to verify the accuracy of the information I provided in order to determine whether I meet the standards of social and economic disadvantage for participation in the DBE Program with the AUCP. Any material misrepresentation or falsification of the information provided is grounds for certification denial or immediate decertification, whichever applies.

Please note that the ADOT&PF, CRO is required to report to the US Department of Transportation (USDOT) any false, fraudulent, or dishonest conduct in connection with the program, so that USDOT can take the steps (e.g., referral to the US Department of Justice for criminal prosecution, referral to the USDOT Inspector General, action under suspension and debarment, or Program Fraud and Civil Penalties rules) provided in 49 CFR §26.107. The ADOT&PF, CRO will consider similar action under our own legal authorities, including responsibility determination in future contracts.

_____ Applicant Name	_____ Signature of Applicant
_____ Mailing Address	_____ Date
_____ City, State, Zip Code	_____ Daytime Phone (include area code)
_____ email address	

On this _____ day of _____
before me appeared _____

who, being duly sworn, did execute the foregoing affidavit, and did state that (he/she) did so as (his/her) free act and deed.

Commission Expires _____

Notary Public (SEAL)