



WISCONSIN DEPARTMENT of TRANSPORTATION
DISADVANTAGED BUSINESS ENTERPRISES PROGRAM
Annual No-Change Affidavit Form

This form must be submitted by all firms to verify that they meet the eligibility criteria for participation in the DBE program.
Please complete all sections.

Failure to submit this affidavit and documentation can result in the loss of your firm's DBE certification.

Firm Name: _____

Mailing Address: _____
Street Number City State Zip

Billing Address: _____
(If different) Street Number City State Zip

Phone Number: () _____ Fax Number: () _____

Business E-mail: _____

Disadvantaged Owner(s) Information (please list below and attach an Affidavit Signature Page for each owner):

Name: _____ Phone #: () _____ Email: _____

Name: _____ Phone #: () _____ Email: _____

Name: _____ Phone #: () _____ Email: _____

List of annual gross receipts for the last five years:

Year 20 _____ \$ _____ Year 20 _____ \$ _____
Year 20 _____ \$ _____ Year 20 _____ \$ _____
Year 20 _____ \$ _____

List number of employees: Full Time: _____ Part Time: _____

Business Structure (Check one):

[] Sole Proprietorship [] Partnership [] Corporation

[] Limited Liability Corp [] Other (Describe) _____

*** Note: Knowingly and willfully providing false information to the Federal government is a violation of 18 U.S.C. Section 1001 (False Statements) and could subject you to fines, imprisonment, or both.



1. Has the legal structure of your business changed since your last approved affidavit?

NO YES

If yes, please submit a DBE Change to Business form and all documentation supporting this change.

2. Has the legal management, ownership or control of this firm changed since your last approved affidavit?

NO YES

If yes, please explain, submit a DBE Change to Business form and provide documentation reflecting this change.

3. Did any of the disadvantaged owners of this firm obtain ownership interest in another firm since your last approved affidavit?

NO YES

If yes, please submit a DBE Change to Business form, provide the name of the firm(s) and all ownership percentages.

4. Did any of the disadvantaged owners of this firm obtain management duties in another firm since your last approved affidavit?

NO YES

If yes, please submit a DBE Change to Business form, provide the name of the firm(s) and list responsibilities.

5. Did any of the disadvantaged owners of this firm obtain employment (fulltime or part-time) elsewhere since your last approved affidavit?

NO YES

If yes, please submit a DBE Change to Business form, provide the name of the employer and list your responsibilities.

6. Considering all your assets and liabilities (excluding the value of your personal residence and the value of your disadvantaged business) is your current personal net worth **greater than \$1.32 million dollars**, pursuant to 49 CFR Part 26, § 26.67 (a)(2){i}. (See form below for reference)

NO YES

If yes, please submit a copy of your current Personal Financial Statement.

7. Have you added any new work areas to your firm since your last approved affidavit?

NO YES

If yes, you may contact the DBE Office to request an expansion of your firm's certified work areas.

8. Have you submitted your most recent company federal tax returns?

NO YES

If no, please submit your most recently filed Federal Business Tax form or submit a completed DBE Request for Tax Filing Extension form.

Forms:

➤ DBE Change to Business form:

<https://wisconsin.gov/Documents/formdocs/dt1012.docx>

➤ Personal Financial Statement form:

<https://www.transportation.gov/sites/dot.gov/files/docs/DBE%20PNW%20Statement%2011-3-2014.pdf>

➤ DBE Request for Tax Filing Extension Form:

<https://wisconsin.gov/Documents/doing-bus/civil-rights/dbe/extension-request-fillable-form.pdf>

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AFFIDAVIT SIGNATURE PAGE

(Each disadvantaged individual claiming ownership must submit a separate signature page)

I affirm that there have been no changes in circumstances affecting the above referenced firm's ability to meet the disadvantaged status, ownership, and control requirements of 49 CFR Part 23 and Part 26, and Small Business Administration (SBA) size standard(s) and 13 CFR Part 121.

I affirm that none of the following have changed:

This means that:

- I/We know my NAICS code size/threshold and can provide the average of my/our last five years of gross receipts.
I/We can certify that this firm does not exceed an average annual gross receipt, over the firm's previous five fiscal years, in excess of \$30.4 million.
My personal net worth does not exceed \$1.32 million, pursuant to 49 CFR Part 26, § 26.67 (a)(2)(i).
I am a member of one or more of the groups: Women, Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, Subcontinent Asian Americans, or other groups found to be socially and economically disadvantaged individuals by the SBA identified in 49 CFR Part 26, § 26.5.

There have been no material changes in the information provided with this firm's original certification application, except for any changes about which I/we have provided written notice to WisDOT pursuant to 49 CFR Part 26, § 26.83(i).

NOTICE TO PROVIDE ALL NECESSARY INFORMATION

You are required to submit a copy of your most recent company federal taxes to WisDOT annually.

Acceptable documentation includes:

- Your Firm's most recent Federal Tax Returns including all schedules, or
A signed statement from your firm's Bookkeeper or CPA verifying gross receipts.

I understand that failure to submit this affidavit and required documentation within a month of my firm's DBE certification anniversary could result in decertification from the Disadvantaged Business Enterprise Program of the Wisconsin Department of Transportation.

(Signature of Owner, Title)

Date

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