**DBE CHANGE-TO-BUSINESS FORM**

**For Disadvantaged Business Enterprise Firms**

Wisconsin Department of Transportation

DT1012 1/2020

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| In order to comply with the regulations of the Disadvantaged Business Enterprise Program (DBE), the Wisconsin Department of Transportation, requires you to complete this form in the occurrence of a qualifying change. You may be asked for documentation to support these changes.  *It is imperative that you submit this form within 30 days of a change to your business. Failure to complete and return this DBE Change-to-Business Form in a timely manner may result in your firm being denied DBE credit for services.\**   |  |  | | --- | --- | | Company | Effective Date of Change | |  |  | | | | | | |
| **CHANGE OF BUSINESS NAME OR OWNERSHIP/PERCENTAGES** | | | | | |
| Previous Name | | New Name | | | |
|  | |  | | | |
| Owner 1 | | | Owner % | | |
|  | | |  | | |
| Owner 2 | | | Owner % | | |
|  | | |  | | |
| Owner 3 | | | Owner % | | |
|  | | |  | | |
| (For additional owners, include a separate sheet.) | | | | | |
| **CHANGE OF BUSINESS ADDRESS OR CONTACT INFORMATION** | | | | | |
| New Facility or Office Location Address | | | | | |
|  | | | | | |
| City | | | | State | ZIP Code |
|  | | | |  |  |
| (Area Code) Telephone Number | (Area Code) Mobile Number | | | (Area Code) FAX Number | |
|  |  | | |  | |
| Email | | | | | |
|  | | | | | |
| Website | | | | | |
|  | | | | | |
|  | | | | | |
| **CHANGE OF OWNER PERSONAL ADDRESS OR CONTACT INFORMATION** | | | | | |
| Home Address | | | | | |
|  | | | | | |
| City | | | | State | ZIP Code |
|  | | | |  |  |
| (Area Code) Telephone Number | (Area Code) Mobile Number | | | (Area Code) FAX Number | |
|  |  | | |  | |
| Email | | | | | |
|  | | | | | |
| **\* 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.** | | | | | |

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| --- | --- | --- |
| **POTENTIALLY MATERIAL CHANGES TO THE OWNERS OR COMPANY** | | |
| **If yes, please check all that apply:** | | |
| |  |  |  | | --- | --- | --- | |  | Acquire another business | | |  | Purchase new residence | | |  | Receipt of inheritance/trust fund | | |  | New personal employment | | |  | Marriage/divorce/death | | |  | Serious medical condition (self/caretaker) | | |  | Insufficient time to devote to business | | |  | Members of the board of directors | | |  | Officers of the company (president, vice-president, managing member, etc) | | |  | Bylaws or operating agreement | | |  | Change in management or policy decision-making authority of the DBE owner(s) | | |  | Business partnerships (i.e. joint venture, formal mentor) | | |  | Change in disadvantaged status of an owner | | |  | Any relationship entered into with another firm that could affect your independence | | |  | New acquisition of ownership interest in a second company, even if it is an unrelated type of work | | |  | Other: | | |  | | | | Comments: | |  | | | |
|  |  |  |
| (Type or Print Name) | (Title) | (Today’s Date) |

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| ***DBE Change-to-Business form may be mailed, faxed, or emailed:*** | |
| Postal Mail: | Wisconsin Department of Transportation  Attn: DBE Office  6150 W Fond Du Lac Ave  Milwaukee, WI 53218 |
| FAX: | (414) 438-5392 |
| Email: | [DBE\_Alert@dot.wi.gov](mailto:DBE_Alert@dot.wi.gov) |
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