Name of Business:				
Physical Address:				
Mailing Address:				
City/Town				
Federal ID No.:				
Fax No: ()	E-m	nail Address:		
<u>DF</u>	BE and ACDBE	No Change Affida	<u>vit</u>	
I,, de	clare that there h	ave been no chang	ges in	's
circumstances affecting its ability to mee	et the size, disadva	ntaged status, owners	ship, or control require	ments of 49 CFR
Part 26 and 13 CFR Part 121. I further	declare there have	been no material ch	nanges in the informati	on provided with
's applica	ation for certificati	ion, except for any	changes about which	I have provided
written notice to the MBE Compliance O	Office pursuant to 4	9 CFR § 26.83(i).		
I declare that I am socially disadvanta	ged because I have	been subjected to ra	acial or ethnic prejudic	e or cultural bias.
or have suffered the effects of discrim	ination, because o	f my identity as a i	member of one or mo	re of the groups
identified in 49 CFR § 26.5, without rega	ard to my individua	al qualities. I further	declare that my person	al net worth does
not exceed \$1,320,000.00, and that I	am economically	disadvantaged becau	use my ability to com	npete in the free
enterprise system has been impaired due	to diminished capit	tal and credit opportu	unities as compared to o	others in the same
or similar line of business who are not so	ocially and economi	ically disadvantaged.		
In addition, I specifically declare the	hat	(continues to meet the	Small Business
Administration (SBA) business size cri	teria and the overa	all gross receipts cap	p of 49 CFR Part 26.	I declare under
penalty of perjury that the foregoing is tr	ue and correct.1			
Executed on				
Signature				
Signed and sworn before me this	day of		20	
Notary Public			Commission Expires	

 $^{^{1}}$ Knowingly and willfully providing false information to the Federal government is a violations of 18 U.S.C. Section 1001 (False Statements) and could subject you to fines, imprisonment, or both.