

Department of Administration Division of Equity, Diversity & Inclusion (DEDI) One Capitol Hill, 3rd Floor Providence, RI 02908

MBE/WBE ANNUAL DECLARATION OF ELIGIBILITY

Name of Business:			
Physical Address:			
Mailing Address: City/Town		_State:	Zip Code:
			# of Employees:
E-mail Address:		Jurisdictio	n of Original Certification:
Original Date of Certification:			
Percentage Owned by Minority or V	Vomen:		

(full name printed), declare under penalty of perjury I, that I am of the above-refenced firm, and that all of the the (title) foregoing information and statements submitted for eligibility are true, correct, and complete to the of my knowledge. I further declare that my firm continues to meet the size, best disadvantaged status, ownership, and control requirements of 49 CFR Part 26 and 13 CFR Part declare that my personal net worth exceed \$1.32 million. 121. I does not the economic disadvantage criteria per 49 CFR 26.67 (October 2, 2014) for the MBE program.

I declare that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking to continue to have an WBE/MBE certification. I declare that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified in 49 CFR Part 26.67, without regard to my individual qualities.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its place(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for decertification.

I agree to notify this certifying agency, the Minority Business Enterprise Compliance Office (MBECO) of the State of Rhode Island, of any material change in circumstances that affects my firm's eligibility within 30 days of its occurrence, explain the change fully, and include a duly executed MBE/WBE Declaration of Eligibility (this form) with the notice.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE

FOREGOING IS TRUE AND CORRECT. EXECUTED ON _____.