



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

www.dedi.ri.gov  
dedi.mbeco@doa.ri.gov  
(401) 574-8606 - RI Relay 711

## **DBE/ACDBE SUPPLEMENTAL REQUEST**

My firm is applying for interstate certification as      DBE      ACDBE **OR**  
My firm is providing annual Declaration of Eligibility (DOE) information for      DBE      ACDBE

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

Applicable NAICS Code(s): \_\_\_\_\_

Owner's Name(s): \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Federal ID No. \_\_\_\_\_ # of Employees: \_\_\_\_\_

Year established: \_\_\_\_\_ Owner's Race and Ethnicity: \_\_\_\_\_

Original Date of Certification: \_\_\_\_\_ Owner's Gender: \_\_\_\_\_

Business Form:      LLC      Corp      Partnership      Other: \_\_\_\_\_

Percentage Owned by Disadvantaged Individual(s): \_\_\_\_\_ %

State/Jurisdiction of Original Certification (JOC): \_\_\_\_\_

I, \_\_\_\_\_ (full name printed), declare under penalty of perjury that I am the \_\_\_\_\_ (title) of the above-referenced firm, and that all the foregoing information and statements submitted for eligibility are true, correct, and complete to the best of my knowledge. I further declare that my firm continues to meet the size, disadvantaged status, ownership and control requirements of 49 CFR Part 26 and 13 CFR Part 121. I declare that my personal net worth does not exceed \$2,047,000, the economic disadvantage criteria per 49 CFR 26.68 for the DBE/ACDBE program.

I declare that I am a socially and economically disadvantaged individual who is an owner of the above--referenced firm seeking to have DBE and/or ACDBE certification in the State of Rhode Island. 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 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 Declaration of Eligibility (DOE) form along with the appropriate documentation.

**I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. EXECUTED ON \_\_\_\_\_.**

Signature (owner) \_\_\_\_\_