

COLORADO DEPARTMENT OF TRANSPORTATION
CHANGE AFFIDAVIT
for Disadvantaged Business Enterprise (DBE) Program

I. Instructions

NOTE: IF THE FIRM'S **LEGAL STRUCTURE** or **OWNERSHIP** HAS CHANGED SINCE IT WAS LAST CERTIFIED YOU MUST SUBMIT A NEW APPLICATION.

This form is to be completed by currently certified DBE firms to update the information necessary for continued eligibility. Failure to provide information requested in this form **MAY RESULT IN THE FIRM'S DECERTIFICATION**. Reviews of certified firms may, with cause, be periodically performed and additional information and documentation required at that time.

Return the completed Change Affidavit and all supporting documents to:

Civil Rights & Business Resource Center
4201 East Arkansas Avenue, Room 150
Denver, Colorado 80222

Please call the Civil Rights & Business Resource Center at (303) 512-4140 for clarification or if you have questions.

II. Current Certification

Description of work specialty for which certified:

III. General information

1. Legal name of business			Today's date
List dba, if any			
2. Street address	City	State	Zip + 4
3. Mailing address (if different)	City	State	Zip + 4
4. Business telephone number ()	Fax number ()		
5. E-mail address	Web address		
6. Name of contact person	7. Name of person preparing this application (if different from contact)		

IV. Eligibility update

1. During the past year have changes occurred in the:

- | | | | |
|----|---|------------------------------|-----------------------------|
| a. | Legal structure of business (Proprietorship, Partnership, Corporation, etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. | Firm's ownership?
(includes changes in interests of existing owners and the addition or removal of owners) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. | Corporation's Directors/Officers?
or its bylaws? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. | Partnership Agreement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. | Joint Venture Agreement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. | Limited Liability Company Operating Agreement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. | Duties of the owner(s) or other key personnel? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Did any stockholder, director, officer, partner and/or manager establish a new business relationship with, or purchase ownership interest in, any other firm? (A business relationship may include, but is not limited to, ownership, shared space or employees, utilities, equipment or financing, etc.) Yes No
3. Has the firm entered into written employment contracts with any of its employees? Yes No
4. Has the firm entered into new agreements for outside management or consulting services? Yes No

V. Additional information to be submitted:

1. ____ Copies of personal Federal income tax returns, **with all attached schedules and w-2s**, for all owners for the current year.
2. ____ A copy of the firm's most current Federal income tax return with all schedules and attachments (or individual's income tax return, if a sole proprietorship).
3. ____ Copies of current Federal income tax returns, with all attached schedules, of each affiliate. Also, Federal income tax returns, with all attached schedules, for each new affiliate.
4. ____ Each disadvantaged owner must complete and sign the enclosed Personal Financial Statement (make additional copies if necessary).

DBE ELIGIBILITY AFFIDAVIT

(to be completed by each owner-copy this page if necessary)

(Name of Certified Firm)

The owner of the above named firm agrees:

1. To abide by the requirements of the DISADVANTAGED BUSINESS ENTERPRISE PROGRAM and all of the applicable rules/regulations/policies and guidelines of the Civil Rights & Business Resource Center and the US Department of Transportation governing the certification process and project activity.
2. To notify the Civil Rights & Business Resource Center within thirty (30) working days of any change in the ownership, control, management or status of the firm, and of any denial or decertification of the firm as an eligible DBE by any other certifying agency.
3. That in order to monitor the continued eligibility of the firm, the Civil Rights & Business Resource Center has the right, from time to time, to review the firm's books, contracts, facilities, and records, and to request and review any additional information deemed necessary to complete such process.
4. That failure to answer any question or to supply the Civil Rights & Business Resource Center with documentation requested at any time in the application process may cause denial of this certification request.
5. That the Civil Rights & Business Resource Center may, for cause, withdraw certification after applying its own approved procedures.
6. That the Civil Rights & Business Resource Center may deny certification or revoke certification and initiate action under Federal, state, or city laws concerning false statements if, during or after the certification process, it finds that the undersigned have submitted false, inaccurate, or misleading information.
7. That the Civil Rights & Business Resource Center has the right to deny certification to any firm, based on its implementation of the DBE eligibility standards, despite the fact that the firm may be certified by another public agency.
8. That the Civil Rights & Business Resource Center may, with the applicant's written consent, release any information contained in this application, or obtained during on-site reviews, when requested by transportation agencies of other states to which the firm has applied for DBE Certification.

The undersigned swears under penalty of perjury: that he or she has read and understands this eligibility affidavit and has the authority to sign it; that the responses and accompanying documents are true, complete and correct; that there have been no material changes regarding the firm's disadvantaged status, ownership or control and that any such changes have previously been reported to the Civil Rights & Business Resource Center ; and that the firm continues to meet SBA and US Department of Transportation small business size criteria.

Printed/typed name:	Signature:	Date:
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Notary Public

County of	State of	SEAL
Subscribed and sworn before me this		
day of		
Signed (Notary Public)		
Address of Notary		

**COLORADO DEPARTMENT OF TRANSPORTATION
PERSONAL FINANCIAL STATEMENT**

As of (date)

(Both pages must be completed by each disadvantaged owner - this form may be copied)

Complete this form for: (1) each socially disadvantaged proprietor, (2) each socially disadvantaged limited and general partner whose combined interest totals 51% or more, or (3) each socially disadvantaged stockholder making up 51% or more of voting stock.

Name		Business Phone ()
Residence Address		Residence Phone ()
City	State	Zip Code
Business Name of Applicant		

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hand and in Banks	\$		Accounts Payable	\$	
Savings Accounts	\$		Notes Payable to Banks and Others (Describe in Section 1)	\$	
IRA or Other Retirement Account	\$		Installment Account (Auto)	\$	
Accounts and Notes Receivable	\$		Installment Account (Other)	\$	
Life Insurance - Cash Surrender Value Only (Complete Section 7)	\$		Loan on Life Insurance	\$	
Stocks and Bonds (Describe in Section 2)	\$		Mortgages on Real Estate (Describe in Section 3)	\$	
Real Estate (Describe in Section 3)	\$		Unpaid Taxes (Describe in Section 5)	\$	
Automobile(s) - Present Value	\$		Other Liabilities (Describe in Section 6)	\$	
Other Personal Property (Describe in Section 4)	\$		Total Liabilities	\$	
Other Assets (Describe in Section 4)	\$				
Total Assets	\$		Net Worth (Total Assets minus Total Liabilities)	\$	
Source of Income			Contingent Liabilities		
Salary	\$		As Endorser or Co-Maker	\$	
Net Investment Income	\$		Legal Claims & Judgments	\$	
Real Estate Income	\$		Provision for Federal Income Tax	\$	
Other Income	\$		Other Special Debt	\$	

Section 1. Notes Payable to Bank and Others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 2. Stocks and Bonds (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 3. Real Estate Owned (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name and Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 4. Other Personal Property and Other Assets (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.)

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Section 5. Unpaid Taxes (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

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Section 6. Other Liabilities (Describe in detail.)

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Section 7. Life Insurance Held (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries.)

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I authorize the Civil Rights & Business Resource Center at the Colorado Department of Transportation to verify the accuracy of the statements made in order to determine whether I meet the standards of economic disadvantage for participation in the DBE Programs of the partners of Colorado's Uniform Certification Program. These statements are true and correct to the best of my belief.

Printed/typed name:	Signature:	Date:

Notary Public

County of	State of	SEAL
Subscribed and sworn before me this		
day of _____, _____		
Signed (Notary Public)		
Address of Notary		