



ANNUAL AFFIDAVIT OF ELIGIBILITY

Certification: DBE___ MBE___ WBE___ ACDBE___

Name of Business: _____

Owners & Ownership Percentages: _____

Physical Address (Street/City/State/Zip): _____

Mailing Address: _____

Email Address: _____ **Webpage:** _____

Business Phone: _____ **Cell Phone:** _____ **Fax:** _____

NAICS Codes: _____ **No. of Employees:** _____

Initial all that apply:

- _____ There have been no changes in ownership or control in the past year.
- _____ I am currently certified for the applicable programs in my home state.
- _____ The business remains within the SBA size standard for the listed NAICS Codes.
- _____ The Personal Net Worth (PNW) of all qualifying owners is less than \$1.32 million.

Additional information:

- **Attach supplemental documentation to show any changes listed**
- **Attach a copy of the firm's completed federal tax return for the previous year**

I swear the statements above are true and correct. I agree to permit the audit and examination of books, records and files of myself and the firm. I understand any material misrepresentation is grounds for perjury and subsequent sanctions or prosecution.

State of: _____

County of: _____

Majority Owner Name & Title (print)

Majority Owner Signature

Date

On this, the ___ day of _____ 20___, before me, a notary public, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

Notary Seal

Notary Public Signature