

Disadvantaged Business Enterprise Program
Title 49 of the Code of Federal Regulations, Part 26

ANNUAL NO CHANGE DECLARATION

North Carolina Unified Certification Program

The purpose of the annual declaration is to verify your continued eligibility in the program and identify any owner or company changes that may affect DBE certification. This information is required to maintain DBE certification with the North Carolina Unified Certification Program.

PLEASE NOTE: You cannot submit this declaration of no change if, this year, there has been any change in circumstances affecting your ability to meet the size, disadvantaged status, ownership, or control requirements of the DBE program or any material change in the information provided in your application form that you have not yet reported to North Carolina UCP, as required by 49 CFR part 26.83(i). If such a change has occurred, you must submit a separate notice to us concerning that change immediately.

To complete this document:

1. Check the appropriate box below to indicate tax documents submitted.
2. Enter the Company Information in Section 1.
3. Provide supporting documents as required in Section 2.
4. Sign and date the Declaration in Section 3.
5. Submit the entire document and supporting documents to the certifying agency by the company's certification anniversary date.
6. Documents can be submitted to the NC UCP Office via fax, mail or email.

Fax: 919-508-1818

Mail: Unified Certification Program, 1511 MSC, Raleigh, NC 27699-1511

Email: gbeaman@ncdot.gov or bmatttox@ncdot.gov

All Applicants Must Submit:

- Signed Federal Business Taxes for the past year (copies of all schedules and forms referenced by the tax returns must be included).
- If appropriate, signed Federal Individual Taxes for the past year (i.e. for Sole Proprietor, S-Corp or Managing Member LLC firms that file business taxes via individual returns; copies of all schedules and forms referenced by the tax returns must be included)

SECTION 1: COMPANY INFORMATION

1. Legal name of business:		2. Other name(s) used by business:	
3. Website (<i>if have one</i>):		4. Federal tax ID:	
5. Company phone #:	6. Mobile phone #:	7. Company fax #:	
8. E-mail address:		9. County (only if an NC company)	
10. Street address of company (no P.O. box):			
City:		State:	Zip:
11. Mailing address of company (if different):			
City:		State:	Zip:

SECTION 2: SUPPORTING DOCUMENTS

In order to complete your annual declaration for continued DBE certification, you must attach copies of following documents as they apply to you and your company.

Send individual taxes ONLY if your firm is a Sole Proprietor or Managing Member LLC otherwise you will need to submit Federal business tax returns.

Federal business tax returns for affiliate businesses are also required on an annual basis.

SECTION 3: DECLARATION

I declare, that as an owner, I have full knowledge of the operation of my firm and that to the best of my knowledge and belief, the information previously submitted to the North Carolina Unified Certification Program to support my firm's DBE certification, is unchanged. The gross income for my firm for the past fiscal year is as shown below.

I declare that the firm meets the Small Business Administration (SBA) criteria for being a small business concern and its number of employees and average annual gross receipts (as defined by the SBA rules) over the firm's previous three fiscal years do not exceed the work type limit.

Legal name of business:	
Firm's Gross Income for the previous calendar year:	
Firm's Number of employees:	

I declare that each owner on whom the firm is relying for certification in the program does not exceed the personal net worth limit of \$1.32 million.

I recognize and accept the statements above governing the consideration of this declaration and the maintenance of my firm's certified status. I agree to provide written notice to the recipient agency or Unified Certified Program (UCP) of any material change in the information contained in the original application within 30 days of such change (e.g., ownership, address, telephone number, etc.). By my signature, I declare that I have read and understand this statement and that I have the authority to sign this declaration and that the responses, foregoing statements, and accompanying documents are true, complete, and correct and include all materials requested under penalty of perjury under the laws of the United States; and further that a material or false statement or omission made in connection with the application is sufficient cause for denial of certification, revocation of a prior approval, initiation of suspension or debarment proceedings, and may subject the person and/or entity making the false statement to any and all civil and criminal penalties available pursuant to applicable federal and state laws.

Name of Firm: _____

Owner (Print Name & Title): _____

Signature: _____ Date: _____

****Attach additional signature pages for each disadvantaged owner.***