MARYLAND DEPARTMENT OF TRANSPORTATION
Office of Minority Business Enterprise

NO CHANGE AFFIDAVIT

This form must be signed by a qualifying majority owner upon whose status the firm relies on for certification.

A FALSE STATEMENT OR MATERIAL OMISSION MADE IN CONNECTION WITH THIS SUBMISSION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, DECERTIFICATION, OR SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE UNDER FEDERAL AND STATE LAW.

I, _____, a principal of _____ hereby swear and affirm that the information provided in this affidavit and the supporting documentation is true and correct.

Company information

Check the box labeled CHECK IF NEW next to any item that has changed.

Item	Information	CHECK IF NEW
Company Name:		☐
Mailing Address:		☐
Mailing Address (line 2):		☐
Telephone Number:		☐
Fax Number:		☐
E-mail Address:		☐
Website address:		☐

NOTE: For purposes of this agreement, the company named above (for which this affidavit is submitted), will hence forth be identified as 'the firm'.

(Select all boxes that apply):

☐ There are no changes in the firm's circumstances affecting its ability to meet size, disadvantaged status, ownership, or control requirements or any material changes to the information provided in the firm's most recent certification application, on file with the Maryland Department of Transportation (MDOT).

☐ The disadvantaged owner(s) Personal Net Worth does not exceed the income caps of $2,136,382 for the MBE program or $2,047,000 for the SBE program.

☐ The firm, if a Maryland domiciled firm or MBE certified firm, remains in Good Standing with the Maryland State Department of Assessments and Taxes (SDAT).

Please provide an explanation for any of the boxes **not selected (unchecked). **You should submit the explanation** information on a separate sheet of paper.*

SIZE STANDARDS

PLEASE PROVIDE THE NUMBER OF EMPLOYEES (FULL AND PART TIME) OF THE FIRM FOR EACH OF THE LAST FOUR QUARTERS.

Quarter	Year (yyyy)	# of employees
Qtr. 1		
Qtr. 2		
Qtr. 3		
Qtr. 4		

PLEASE PROVIDE THE TOTAL GROSS RECEIPTS FOR THE MOST RECENT FIVE YEARS (Cost of Goods Sold + Total Income).

Year	Year (yyyy)	Total gross receipts
Yr. 1		
Yr. 2		
Yr. 3		
Yr. 4		
Yr. 5		

**Please upload a complete signed (with an authentic handwritten signature) and dated copy of the firm's federal Business Tax return (including all statements, schedules, and attachments).*

Affirmation and signature

I AM PERSONALLY AUTHORIZED AS THE OWNER OF, _____, **TO MAKE THIS AFFIDAVIT.**

Date: _____

Signature: _____