

**SMALL BUSINESS ELEMENT
ANNUAL NO CHANGE AFFIDAVIT**

FIRM NAME: _____

OWNER'S NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ **FAX NUMBER:** _____

EMAIL ADDRESS: _____

FEDERAL TAX ID NUMBER: _____

PRIMARY NAICS CODE: _____

GROSS RECEIPTS FOR PREVIOUS YEAR: _____

(An entire copy of ALL federal income tax (personal, the firm's and if you have ownership interest in another firm/company) forms of last year must be provided with all attachments including W-2's, K-1's, 1098/1099's.)

OUT OF STATE FIRMS MUST FURNISH A COPY OF THE MOST RECENT HOME STATE'S UNIFIED CERTIFICATION PROGRAM'S APPROVAL LETTER

EXPLAIN ANY CHANGES WHICH MAY HAVE OCCURRED REGARDING THE FIRM'S OWNERSHIP, CONTROL, BUSINESS SIZE, OR DISADVANTAGED STATUS. (Supportive evidence must be provided to document any changes shown)

PERSONAL FINANCIAL STATEMENT (INCLUDED WITH THIS FORM)

No Change Affidavit

I _____, swear¹ (or affirm) that there have been no changes in
Insert name of SBE firm owner(s)
_____ circumstances affecting its ability to meet the size, disadvantaged
Insert name of SBE firm
status, ownership, or control requirements of 49 CFR Part 26 and 13 CFR Part 121. I swear (or affirm)
there have been no material changes in the information provided with _____
Insert name of SBE firm
application for certification, except for any changes about which I have provided written notice to
_____ pursuant to 49 CFR § 26.83(i).
Insert name of DOT recipient

I further swear (or affirm) that my personal net worth does not exceed \$1.32 million, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not economically disadvantaged.

I specifically swear (or affirm) _____ continues to meet the Small Business
Insert name of SBE firm
Administration (SBA) business size criteria and the overall gross receipts cap of 49 CFR Part 26 and _____ average annual gross receipts (as defined by SBA rules) over the previous
Insert name of SBE firm
three fiscal years do not exceed _____. I provide the attached size and
Insert dollar amount
gross receipts documentation to support this affidavit.

Signature _____ *Date* _____

On this ___ day of _____, 20___, before me appeared (name) _____, to me personally known, who, being duly sworn, did execute the foregoing affidavit and did state that he or she was properly authorized by (name of firm) _____, to execute the affidavit and did so as his or her free act and deed.

(SEAL/STAMP)

Notary Public _____ Commission Expires _____

¹ Knowingly and willfully providing false information to the Federal government is a violation of 18 U.S.C. Section 1001 (False Statements) and could subject you to fines, imprisonment or both.