

**WASHINGTON METROPOLITAN AREA TRANSIT AUTHORITY  
OFFICE OF PROCUREMENT  
DISADVANTAGED BUSINESS ENTERPRISE (DBE)  
600 5<sup>TH</sup> Street, N.W.  
Washington, DC 20001**

**DBE ANNUAL NO CHANGE AFFIDAVIT**

Name of Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person/Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**THIS AFFIDAVIT MUST BE SUBMITTED ANNUALLY ON THE ANNIVERSARY DATE OF THE FIRM'S CERTIFICATION. (49 CFR Part 26 and DBE Program, Section 4.2(j).) Please submit this form with a copy of the firm's most recent federal tax returns.**

The Principal(s) of the above mentioned firm affirm(s) that there have been no changes (please check where applicable):

- to the information on the firm's most recent certification application on file with the Washington Metropolitan Area Transit Authority DBE Program;
- in the ownership of the firm;
- in the operational and/or managerial control, including the board of directors and/or its officers, that may affect the DBE status of the firm;
- in the disadvantaged owner(s) Personal Net Worth and that it does not exceed \$1.32 million for the DBE Program
- in the business size as defined by the size standards set by the Small Business Administration (SBA) and U.S. Department of Transportation (USDOT) by industry NAICS Codes.

***You must submit to us immediately a separate notice of explanation for any of the boxes not selected (unchecked) on a separate sheet of paper.***

**I/WE DECLARE, UNDER PENALTY OF PERJURY, THAT THE INFORMATION PROVIDED IN THIS AFFIDAVIT AND ALL SUPPORTING DOCUMENTS SUBMITTED IN SUPPORT OF THIS AFFIDAVIT RELATING TO MY DISADVANTAGED STATUS, THE APPLICANT DBE FIRM (AND ITS AFFILIATES IF APPLICABLE), AND TO ME/US IS TRUE AND CORRECT.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTARY**

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

Notary Public (name) \_\_\_\_\_  
State of \_\_\_\_\_ County of commission \_\_\_\_\_  
Commission expires \_\_\_\_\_

(Notary Seal)