

Commonwealth of Virginia Unified Certification Program

Affidavit of No Change

Please complete the following carefully, so that we can check our records for accuracy, even if nothing has changed from last year.

Contact INFORMATION

A. Contact Information

1) Contact Person:	Title:	2) Legal Name of Firm:
FEIN:		Certification No.:
3) Phone:	4) Other Phone:	5) Fax:
6) Email for Certification**:		Email for Public Directory:
7) Website:		
8) Street Address of Firm (No P.O. Box):		City, State, Zip:
9) Mailing Address of Firm (if different):		City, State, Zip:

****Please note that most communications from the Department of Small Business and Supplier Diversity about your DBE Certification will be sent to you electronically and not by the postal service.****

Firm's number of employees: Full-time _____ Part-time _____ Seasonal _____ Total _____
 Affiliates' number of employees: Full-time _____ Part-time _____ Seasonal _____ Total _____

Specify the firm's gross receipts for the last 5 years. (Submit complete copies of the firm's Federal tax returns for any year not already on file. If there are affiliates or subsidiaries of the applicant firm or owners, you must submit complete copies of these firms' Federal tax returns, if they have not been previously submitted).

Year _____	Gross Receipts of Applicant Firm \$ _____	Gross Receipts of Affiliate Firms \$ _____
Year _____	Gross Receipts of Applicant Firm \$ _____	Gross Receipts of Affiliate Firms \$ _____
Year _____	Gross Receipts of Applicant Firm \$ _____	Gross Receipts of Affiliate Firms \$ _____
Year _____	Gross Receipts of Applicant Firm \$ _____	Gross Receipts of Affiliate Firms \$ _____
Year _____	Gross Receipts of Applicant Firm \$ _____	Gross Receipts of Affiliate Firms \$ _____

SWaM Micro Business Designation

As a certified SWaM Small Business by the Department, your company might qualify to be a "Micro Business". Micro Business is a certified Small Business under the SWaM Program and, together with its affiliates, has no more than twenty-five (25) employees -AND- no more than \$3 million in average annual revenue over the three-year period prior to their certification.

Is the firm certified as a SWaM Small business? Yes No Expiration Date:
 If not already certified, or if time for renewal, do you also want to apply for "Micro Business Certification? Yes No
 If applying for, or renewing Micro, submit the last four Federal quarterly 941 (Employer's Quarterly Federal Tax Return) for the firm and its affiliates.

Commonwealth of Virginia Unified Certification Program

AFFIDAVIT OF NO CHANGE

I, _____ (printed name), in the City/County of _____
being duly sworn deposes and says that he/she is _____ (title) of

_____ (print name of organization) and hereby declares under penalty
of perjury that the information in this affidavit is a true and correct statement as of the date hereby given.

The undersign attests that there have been no material changes in the information provided with
_____ (print name of organization), except for any changes about which

I have provided written notice to the Virginia Department of Small Business and Supplier Diversity
(VDSBSD) pursuant to 49 CFR § 26.83(i). I swear that this firm continues to be owned and controlled by
disadvantaged individuals and that the personal net worth of all the owners whose ownership is relied upon
for Disadvantaged Business Enterprise (DBE) and/or Airport Concession Disadvantaged Business
Enterprise (ACDBE) status does not exceed \$1,320,000. I further affirm that the firm continues to meet the
Small Business Administration (SBA) business size criteria and the overall gross receipts cap of 49 CFR
Part 26 and/or Part 23 and _____ (print name of organization)'s average annual
gross receipts (as defined by SBA rules) over the previous three fiscal years do not exceed \$30.40 million, in the
case of DBE, and/or \$56.42 million, in the case of ACDBE. I provide the attached size and gross receipts
documentation to support this affidavit.

I further attest that I have not been denied bidding privileges, DBE, or ACDBE certification under any other federal
programs. I acknowledge that the VDSBSD hereby reserves the right to make inquiries in order to verify any
information relating to the firm's application and status as an eligible DBE.

I agree that VDSBSD will be notified in writing within 30 days of any changes in ownership and/or control,
personal net worth and/or size standard that would impact the firm's eligibility to remain in the program.

Signature: _____

Date: _____

Notary Certificate, with Notary Seal

City / County of _____

In the Commonwealth / State of _____

The foregoing instrument was subscribed and sworn before me

This _____ day of _____, 20____,

By _____ (name of person / DBE applicant)
_____ Notary Signature Notary Registration # _____

My Commission expires: _____ (date)

IMPORTANT NOTE: *In the Commonwealth of Virginia, any false statement is sufficient cause for denial
of DBE certification, revocation of a prior approval or suspension, and may subject the person and/or
entity making the false statement to any and all civil and criminal penalties under applicable federal and
state laws.*