

UUCP DBE ANNUAL UPDATE PACKET**RE: Disadvantaged Business Enterprise (DBE) Annual Update**

Dear DBE:

Thank you for participating in the Disadvantaged Business Enterprise (DBE) program or Airport Concession Disadvantaged Business Enterprise (ACDBE) program. According to the Code of Federal Regulations, 49 Part 26.83(j), **each year, on the anniversary date of certification**, DBE firms are asked to submit an Annual Update, including an affidavit certifying that no changes to ownership or control have taken place within their organization.

The following **documents must** be submitted with your Annual Update Affidavit to show that your firm continues to meet the Small Business Administration (SBA) business size criteria and the overall gross receipts cap of 49 CFR Part 26:

- **Prior year's Federal Business tax returns (with all schedules and W2's), (Please check and make sure your tax returns are signed) A tax record is an official document and needs to have a signature.**
- **Affidavit of no change. Signed and notarized.**

The UUCP will use this information to validate continued eligibility in the DBE program by verifying that no changes have taken place in the ownership, disadvantaged status, control, size of the firm or information in your application. According to 49 CFR 26.109©, an owner's failure to provide information and documentation requested for the annual update is considered failure to cooperate and can lead to a decertification, please don't let this happen to you. **Return this packet to the agency who performed your UUCP DBE Certification:**

UDOT

Judy Romrell, UUCP Certifying Officer
Utah Department of Transportation
Civil Rights Section / UUCP
P.O. Box 141520
Salt Lake City, UT 84114-1520
(801) 965-4208

UTA

Andrew Gray, UUCP Certifying Officer
Utah Transit Authority
669 West 200 South
Salt Lake City, UT 84101
(801) 287-3533

SLCDA

Raymond Christy, UUCP Certifying Officer
Salt Lake City Department of Airports
P.O. Box 145550
Salt Lake City, UT 84114-5550
(801) 575-2945

**“NO CHANGE” Affidavit for Continuing
DBE Certification**

---This form must be signed by each disadvantaged owner and notarized---

I, _____,		_____	
Name	Title		
of _____			
Firm Name			
Mailing Address _____		City _____	State _____ Zip _____
Street Address (if different) _____			
Phone Number _____	Fax Number _____	Cell Number _____	
E-Mail Address _____			

Any misrepresentation made in this Affidavit will be grounds for initiating proceedings to remove your firm's DBE certification status with the Utah Unified Certification Program. If your firm does not meet the eligibility criteria to be certified as a DBE and attempts to participate in the DBE program based on false, fraudulent or deceitful representations, the Utah Transit Authority may initiate suspension or debarment proceedings against your firm; and other enforcement action may be taken against you including referral for prosecution under applicable Federal and State statutes.

As required by Title 49, Code of Federal Regulations (CFR) Part 26, Subpart E, Section 26.83(j), I, do hereby swear that there have been no changes in my firm's structure or operations since my last certification or review by the Utah Transit Authority that would affect my ability to meet all DBE eligibility requirements regarding size, disadvantaged status, ownership, or control found in 49 CFR 26. I certify that there have been no material changes to the information provided in that last application, except for those about which I have already notified the Utah Transit Authority in writing.

I also certify that my personal net worth, excluding equity in my primary residence and applicant business, does not exceed \$1.32 million.

In addition, I affirm that my firm continues to meet SBA business size criteria for small business concerns, and that my firm's average annual gross receipts over the previous three fiscal years do not exceed \$26.29 million. **I am enclosing a copy of my firm's last year's tax return, with all schedules and attachments, to document this.**

Owner's Signature _____ Date: _____

NOTARY PUBLIC INFORMATION

State of _____ }
County of _____ }

On this _____ day of _____, _____, before me appeared the above-named individual to me personally known, who being duly sworn, did execute the foregoing affidavit and did state that he/she/they was/were properly authorized to execute this affidavit and did so as a free act and deed.

Notary Public (Seal/Stamp)

Commission Expires