



**ANNUAL AFFIDAVIT OF ELIGIBILITY**

**Certification: DBE\_\_\_ MBE\_\_\_ WBE\_\_\_ ACDBE\_\_\_**

Name of Business: \_\_\_\_\_

Owners & Ownership Percentages: \_\_\_\_\_

Physical Address (state/city/zip): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Webpage: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

NAICS Codes: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

**INITIAL ALL THAT APPLY:**

\_\_\_\_\_ There have been no changes in ownership or control in the past year.

\_\_\_\_\_ I am currently certified for the applicable programs in my home state.

\_\_\_\_\_ The business remains within the SBA size standard for the listed NAICS codes.

\_\_\_\_\_ The Personal Net Worth (PNW) of all qualifying owners is less than \$ 1.32 million.

Additional information:

\_\_\_\_\_  
\_\_\_\_\_

**\*\* Attach supplemental documentation to show any changes listed.**

**\*\* Attach a copy of the firm's completed federal tax return for the previous year OR copy of extension.**

\_\_\_\_\_

*I swear the statements above are true and correct. I agree to permit the audit and examination of books, records and files of myself and the firm. I understand any material misrepresentation is grounds for perjury and subsequent sanctions or prosecution.*

\_\_\_\_\_  
Majority Owner Name & Title (print)

\_\_\_\_\_  
Majority Owner Signature

\_\_\_\_\_  
Date

**NOTARY CERTIFICATE & SEAL REQUIRED**

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

Notary Public  
SEAL