

Name of Business: _____

Physical Address: _____

Mailing Address: _____

City/Town _____ State: _____ Zip Code: _____

Federal ID No.: _____ Phone No: () _____

Fax No: () _____ E-mail Address: _____

MBE / WBE No Change Affidavit

I, _____, declare that there have been no changes in _____'s circumstances affecting its ability to meet the size, disadvantaged status, ownership, or control requirements of the Rules, Regulations, Procedures and Criteria Governing Certification and Decertification of MBE Enterprises by the State of Rhode Island. I further declare there have been no material changes in the information provided with _____'s application for certification, except for any changes about which I have provided written notice to the MBE Compliance Office.

I declare that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified in 13 CFR 121 and 124, without regard to my individual qualities. I further declare that my personal net worth does not exceed the economic disadvantage criteria per 13 CFR 124 for the MBE program, 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 socially and economically disadvantaged.

In addition, I specifically declare that _____ continues to meet the small business size criteria for the MBE Program, inclusive of all affiliate firms. I provide the attached business tax returns and financial statements to support this declaration.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____

Signature

Signed and sworn before me this _____ day of _____ 20____.

Notary Public

Commission Expires