

***Disadvantage Business Enterprise***  
**South Carolina Unified Certification Program**  
**Certification Update Application**

Owner Name: \_\_\_\_\_ Federal Employer ID: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax \_\_\_\_\_ Other Number \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Web Address: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Please Answer the Following Questions:

1. Has the firm undergone any changes in ownership? If yes, please indicate below and attach supporting documentation (i.e., stock certificates, purchase agreements, promissory notes, etc.).

\_\_\_\_\_

2. Are there any changes that may affect the control of your firm (i.e new owners/partners)?

\_\_\_\_\_

3. Haulers, how many trucks do you own?

\_\_\_\_\_

4. How many people do you currently employ?

\_\_\_\_\_

5. Attach a copy of your most recent Federal tax return or extension. Those submitting an extension must submit a completed tax return by October of this year. No state returns please.

6. Verify your company information listed on the DBE Directory is correct.

Mail to:  
HQ SCDOT  
Business Development & Special Programs  
Suite 117  
955 Park Street  
Columbia, SC 29202

Internal Use Only

Update complete - Approved

By: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) AFFIDAVIT OF NO CHANGE  
COUNTY OF \_\_\_\_\_ )

Name of DBE Firm: \_\_\_\_\_

PERSONALLY APPEARED BEFORE ME the undersigned, who being duly sworn, says that:

- (1) I am the majority owner of the above firm and I control the firm as required by the DBE regulations set forth in 49 CFR part 26.
- (2) There have been no changes in the circumstances of the firm since the date it was certified (or last recertified) which would affect its ability to meet the DBE eligibility requirements concerning size, disadvantaged status, ownership, or control as set forth in 49 CFR part 26.
- (3) There have been no material changes in the information provided in the firm's application for certification (or previous recertification applications), except those about which the firm has provided SCDOT written notice on \_\_\_\_\_ (provide date of notice to SCDOT).
- (4) The firm meets Small Business Administration (SBA) criteria for being a small business concern and the firm's average annual gross receipts for the past three fiscal years do not exceed the size standards for the DBE program. (Documentation of the firm's size and gross receipts is attached).
- (5) The personal net worth of the disadvantaged owner of the firm does not exceed \$1.32 million, as required by 49 CFR part 26.

SWORN TO BEFORE ME THIS  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ (Affix Seal) \_\_\_\_\_

Owner of firm Signature

NOTARY PUBLIC FOR \_\_\_\_\_  
My commission expires: \_\_\_\_\_

*Disadvantage Business Enterprise*  
**AFFIDAVIT OF NO CHANGE**