## Small 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 A	ddress:		
Date of Application:				
Please Answer the Following	Questions:			
supporting documenta	ne any changes in ownershi tion (i.e., stock certificates,	, purchase agreer	nents, promisso	ry notes, etc.).
2. Are there any changes	that may affect the control	l of your firm (i.e	e new owners/pa	artners)?
3. Haulers, how many tr	ucks do you own?			
4. How many people do y	ou currently employ?		_	
5. Attach a copy of your	firm's 2022 Federal tax	return. No state	returns please.	
6. Verify your company in	formation listed on the SBI	E Directory is cor	rect.	
Mail to:				
<b>HQ SCDOT</b>			For internal use	only
Office of Civil Rights Pro	hts Programs  Date Undate Complete			
Suite 117, 955 Park Stree Columbia, SC 29201	t		у	
Email to:				
DBECertification@scdot	.org			

STATE OF	) ) AFFIDAVIT OF NO CHANGE
COUNTY OF	) APPIDAVIT OF NO CHANGE
Name of SBE Firm:	
PERSONALLY APPEARED BEFORE	RE ME the undersigned, who being duly sworn,
DBE regulations set forth in 49 Cl (2) There have been no changes was certified (or last recertified) eligibility requirements concerning set forth in 49 CFR part 26.  (3) There have been no material application for certification (or about which the firm has provided (provide date of notice to SCDOT (4) The firm's average annual gross \$7.5 million.	in the circumstances of the firm since the date it which would affect its ability to meet the SBE g size, disadvantaged status, ownership, or control as I changes in the information provided in the firm' previous recertification applications), except thosed SCDOT written notice on
SWORN TO BEFORE ME THIS, 20	
	(Affix Seal)
NOTARY PUBLIC FOR	Owner of firm Signature

Small Business Enterprise (SBE) Affidavit of No Change