

CALIFORNIA UNIFIED CERTIFICATION PROGRAM (CUCP)



DEPARTMENT OF TRANSPORTATION
CIVIL RIGHTS
1823 - 14th STREET, MS-79
SACRAMENTO, CA 95814

Phone (916) 324-1700
Free (866) 810-6346
Fax (916) 324-1862
TTY (916) 324-2252

ANNUAL UPDATE DISADVANTAGED BUSINESS ENTERPRISE (DBE) DECLARATION

Each individual owner of a DBE firm whose ownership and control is relied upon for DBE certification is required to sign. **Please enclose copies of current licenses and tax returns to substantiate the firm's size and gross receipts.**

Name of Firm _____ File No. _____
Contact Person _____
Address _____
City, State, Zip Code _____
Telephone # _____ Fax # _____
E-Mail Address _____ Website Address _____

Please check one:

- There are **no** changes in the firm's disadvantaged status, ownership, control and/or management or any material changes in the information provided previously in the application form.
- There are changes in the firm's disadvantaged status, ownership, control and/or management or any material changes in the information provided previously in the application form. (Please submit a letter on the firm's letterhead and describe any changes in disadvantaged status, personal net worth, ownership, control and/or management of the firm, along with supporting documents.)

I declare under penalty of perjury of the laws of the United States that the firm continues to meet SBA business size criteria and the three-year average gross receipts cap; that my personal net worth in accordance with 49 CFR Part 26 does not exceed \$750,000 (not applicable to airport concession certification); and that the foregoing statements are true, accurate, and complete.

Signature _____ Title _____

Printed Name _____ Date _____

Signature _____ Title _____

Printed Name _____ Date _____

Signature _____ Title _____

Printed Name _____ Date _____

**CALIFORNIA
UNIFIED CERTIFICATION
PROGRAM ANNUAL DBE UPDATE
AFFIDAVIT**



PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Section 1798, et seq.) notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.17 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Officer.

1. NAME OF FIRM		2. FILE NUMBER	
FIRM'S ADDRESS (<i>Physical</i>)		CITY	STATE ZIP CODE
FIRM'S ADDRESS (<i>Mailing</i>)		CITY	STATE ZIP CODE
3. MAJORITY OWNER(S)		4. BUSINESS PHONE	BUSINESS FAX
5. IS THE BUSINESS STREET ADDRESS OR PHONE NUMBER THE SAME AS THE RESIDENCE?			YES NO
6. HAS THE OWNERSHIP OR CONTROL OF THE COMPANY CHANGED?			YES NO
If Yes, please call the phone number below to obtain a complete Certification Application or access Caltrans' Internet Address at www.dot.ca.gov/hq/bep to download the application.			
7. NAME OF LICENSEE		LICENSE NUMBER – PLEASE SUBMIT COPY OF CURRENT LICENSE(S)	
8. INDICATE THE COMPANY'S GROSS RECEIPTS FOR THE LAST YEAR:			YEAR ENDING
			\$
9. NUMBER OF CURRENT EMPLOYEES:			FULL TIME PART TIME
10. DOES THE COMPANY SHARE SPACE, EMPLOYEES, EQUIPMENT OR FINANCING WITH ANY OTHER COMPANY?		YES NO	IF YES, EXPLAIN IN A SEPARATE ATTACHMENT
11. HAVE THE OFFICE HOLDERS OR THE BOARD OF DIRECTORS OF THE COMPANDED?		YES NO	IF YES, EXPLAIN IN A SEPARATE ATTACHMENT
12. The undersigned swears, under penalty of perjury of the laws of the United States, that the foregoing statements are true and correct and further states that he/she is properly authorized by Name of Firm _____, to execute the affidavit and does so as his/her free act and deed. The undersigned also swears, under penalty of perjury of the laws of the United States, that there have been no changes in the firms circumstances affecting it ability to meet SBA business size criteria, the Overall gross receipts cap, disadvantaged status, ownership , or control requirements of 49CFR Part 26, Subpart D			
PRINTED NAME		SIGNATURE	
TITLE			DATE
NOTARY			
The foregoing affidavit was subscribed and sworn to me before me on this _____ day of _____, _____ by			
NAME			
NOTARY PUBLIC _____ COMMISSION EXPIRES _____			

Mail completed application and supporting documentation to:

DEPARTMENT OF TRANSPORTATION
CIVIL RIGHTS MS-79
1823 14th STREET
SACRAMENTO CA 95814

NOTARY PUBLIC SEAL

Should you have any questions, please call (916) 324-1700.