

**SOUTH DAKOTA DEPARTMENT OF TRANSPORTATION**

Disadvantaged Business Enterprise Program

Annual Affidavit – South Dakota Firms

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Legal name of firm | | |  | | | | | | |
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|  | | | | | | | | | | |
| 2. | Address |  | | | | | | | | |
| Street City St Zip | | | | | | | | | | |
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|  | | | | | | | | | | |
| 3. | Mailing Address (if different from above ) | | | | | |  | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| 4. | Business Phone Number | | | | |  | | | Fax Number |  |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| 5. | Email Address | |  | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| 6. | Name of Contact Person | | | |  | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| 7. | Name of person(s) who prepared this application | | | | | | |  | | |

INSTRUCTIONS

Complete the form and attach all requested documentation. Information on file will be reviewed to determine if a more in-depth review is to be conducted. Failure to provide any information requested in this form may result in loss of this firm’s DBE certification.

The completed annual affidavit and all supporting documents must be returned by the certification renewal date of your current certification to:

DBE Program

South Dakota Department of Transportation

700 E Broadway Ave

Pierre, SD 57501-2586

|  |
| --- |
| Describe the primary activities of your firm: |

Describe area of South Dakota that you are willing to work:

1. List current owners and percentage of ownership:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | % | Name | % |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. In addition to the above, include the following:

|  |  |  |
| --- | --- | --- |
| a. | Documentation showing firms size and gross receipts ( e.g. firm’s most current federal tax returns) | |
|  |  |
| b. | If your firm’s primary line of work is trucking, include a list with the number | |
| of tractors, trailers and dump trucks you own and those you lease. | | | |



**Annual No Change Affidavit**

Disadvantaged Business Enterprise Program

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, swear (or affirm) that there have been no changes in (DBE firm) circumstances affecting its ability to meet the size, disadvantaged status, ownership, or control requirements of 49 CFR Part 26 and 13 CFR Part 121. I swear (or affirm) there have been no material changes in the information provided in the Disadvantaged Business Enterprise program application for certification, except for any changes about which I have provided written notice to the South Department of Transportation, Disadvantaged Business Enterprise program pursuant to 49 CFR § 26.83(i).

I swear (or affirm) 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 49 CFR § 26.5, without regard to my individual qualities.

I further swear (or affirm) that my personal net worth does not exceed $1.32 million, 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.

I specifically swear (or affirm) that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of firm) continues to meet the Small Business Administration (SBA) business size criteria and the overall firm’s previous three fiscal years gross receipts in excess of $23.98 million in regards of 49 CFR §26.65(b).

I AM PERSONALLY AUTHORIZED AS THE OWNER OF**,** , TO MAKE THIS AFFIDAVIT.

Date: Signature:

NOTARIZATION

*Official notary of the public to complete the following:*

*On this, the day of , 20 , before me a notary public undersigned officer, personally appeared , known to me (or satisfactory proven) to be the person*

*Name of Affiant*

*whose name is subscribed to the within instrument and acknowledged that he or she executed the same in the capacity therein stated, for the purposes therein contained and that the statements contained therein are true and correct.*

*IN WITNESS HEREOF, I HEREUNTO SET MY HAND AND OFFICIAL SEAL*

Notary Public

Seal

Notary Public

Commission expiration date