

**THE PORT AUTHORITY OF NY & NJ**

Office of Business Diversity and Civil Rights

233 Park Avenue South, 4<sup>th</sup> Floor

New York, NY 10003

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**DISADVANTAGED BUSINESS ENTERPRISE (DBE)  
ANNUAL “NO CHANGE” AFFIDAVIT**

*Instructions: Please print or type each item. Do not leave any spaces blank on the Affidavit. If a question is not applicable to your business, insert “N/A” in the space provided for your answer. If you need more space to answer a question completely, attach additional sheets as necessary. Your completed affidavit must be notarized before submission to our office.*

**1. Firm Name & Current Address**

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

\_\_\_\_\_  
Doing Business as (DBA) Name (if applicable)

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Disadvantaged Owner(s)

\_\_\_\_\_  
Contact Person

Telephone #: \_\_\_\_\_ FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**2. Number of Employees** Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

**3. Have there been any ownership changes in the firm since your last certification?**  Y  N

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Have there been any changes in the management of the firm in any of the following areas?**

Y  N

**Authorized Individual**

Financial decisions

Signatories for business account

Negotiating & signing contracts

Hiring & firing

Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have there been any changes in the operation of the firm in the following areas?  Y  N

Estimating Field Supervision Negotiating Bonding	<b>Authorized Individual</b> _____ _____ _____
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6. Has any owner of the applicant firm acquired an ownership interest of 50% or more in another company since your last certification?  Y  N

Company Name	Address	% Ownership	Contact Person	Telephone #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. In the past year, has any owner or key management official been employed (as an employee or individual consultant) by another company? If yes, identify owner or management official employed, employer and job title/work performed.  Y  N

Company Name	Individual	Job Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. List sources and amounts of money loaned or invested in the company since the last certification.

Source	Co-signer(s) Guarantor (s)	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Was your firm been denied certification, decertified, suspended, or challenged as a DBE by an agency or institution since your last certification? (If yes, identify)

Agency	Date	Contact Person	Telephone #	Status
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. Is your firm currently prequalified with The Port Authority of New York and New Jersey?  Y  N

**DOCUMENTS TO BE SUBMITTED**

*Submit the following documents with this application. Place a check mark opposite each item that is included. Indicate "N/A" opposite those items that do not apply:*

\_\_\_\_\_ Federal Corporate Tax Return (Form 1120 or 1120S); or Partnership Return (Form 1065); or Sole Proprietor tax returns (1040 with Schedule C) for the past year. (If you filed an IRS extension, please provide a copy of your federal IRS Extension request form.)

\_\_\_\_\_ Federal corporate, partnership, or sole proprietor (1040 with schedule C) taxes for the past year of any affiliate firm(s) in which you have 50% or more ownership.

\_\_\_\_\_ Individual Federal tax return (Form 1040) for last year.

For firms located outside the New York/New Jersey area, provide a copy of current home state certification.

*The undersigned does hereby swear that I am the duly authorized representative of \_\_\_\_\_ (Company Name), holding the position of \_\_\_\_\_ and that the foregoing statements and attachments are true, accurate and complete and include all material information necessary to identify and explain the ownership, control and/or operations of the business. Further, I understand that any material misrepresentation will be grounds for denial of recertification or decertification and/or grounds for consideration of termination of any contracts which may have been awarded, and possible action under Federal or State law concerning fraud and deception.*

*I further swear that there has not been a change in the circumstances of my company, which affects its ability to meet the size, disadvantaged status, ownership or control requirements of the federal regulations.*

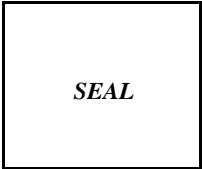
*If, after filing this application for recertification, there is any change in ownership or control of this business or in any other information submitted, he/she will notify the Division of Civil Rights/Affirmative Action within 14 calendar days; and he/she understands that failure to do so may result in decertification and/or denial of recertification.*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Printed name of applicant*

\_\_\_\_\_  
*Title*

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_  
(City, State)



\_\_\_\_\_  
*Notary Public*