



## New Jersey Department of Transportation Annual No Change Affidavit

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 New Jersey 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 gross receipts cap of 49 CFR Part 26. The annual gross receipts (as defined by SBA rules) over the previous three (3) fiscal years as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Average annual gross receipts \_\_\_\_\_

and they do/do not exceed \_\_\_\_\_. Attached are gross receipts and/or tax documents to support this affidavit.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared (name) \_\_\_\_\_, to me personally known, who, being duly sworn, did execute the foregoing affidavit and did state that he or she was properly authorized by (name of firm) \_\_\_\_\_, to execute the affidavit and did so as his or her free act and deed.

(SEAL/STAMP)

Notary Public: \_\_\_\_\_ Commission Expires: \_\_\_\_\_

*<sup>1</sup>Knowingly and willfully providing false information to the Federal government is a violation of 18 U.S.C. Section 1001 (False Statements) and could subject you to fines, imprisonment or both*

**ADDITIONAL DOCUMENTS**

Submit the following documents with this “annual no change affidavit”. Place a check in the box opposite each item being submitted. Indicate “NA” opposite those items that do not apply to your situation:

\_\_\_\_\_ Copy of signed Federal Corporate Tax Return (Form 1120 or 1120S); or Partnership Return (Form 1065); or Sole Proprietor tax returns (Schedule C) or copy of IRS Federal Corporate Tax Return (Form 1120 or 1120S); or Partnership Return (Form 1065); or Sole Proprietor tax returns (Schedule C with e-file signature page. (If you have submitted an IRS extension, please provide a copy of your federal IRS Extension request form.)

Tax year(s) needed \_\_\_\_\_

\_\_\_\_\_ Copy of signed Federal corporate, partnership, or sole proprietor (schedule C) tax returns or copy of IRS signed Federal corporate, partnership, or sole proprietor (schedule C) tax returns with e-file signature page for any and all affiliate firm(s) in which you have 50% or more ownership.

Firms and tax years needed \_\_\_\_\_

\_\_\_\_\_ Copy of signed Federal individual tax return, w/all Schedules (Form 1040) or copy Federal individual tax return with IRS e-file signature page. (Required)

Tax year(s) needed \_\_\_\_\_

\_\_\_\_\_ For firms located outside of New Jersey, provide a copy of current home state certification.

\_\_\_\_\_ Trucking firms with NAICS codes 484110 and 484220. Provide list of vehicles owned by your trucking firm along with copies of current registration and insurance card(s).

\_\_\_\_\_ Dealer, wholesaler or supplier that maintain a warehouse. Provide the physical address of the warehouse along with an updated list of items that are kept in stock within the warehouse.

\_\_\_\_\_ Copy of all current licensure that are required to complete work within your current NAIC code category.

\_\_\_\_\_ If there have been any address changes, contact information (phone number and email address) or ownership changes please attach the corrected information. Please check your business listing on the New Jersey Unified Certified Program website [www.njucp.net](http://www.njucp.net) and advise us of any changes.

\_\_\_\_\_ Update your business description (limit the narrative to 250 characters).

\_\_\_\_\_ If there is more than one (1) owner making up the 51% ownership total please provide an additional copy of this document complete with their information.

\_\_\_\_\_ «Other Info Needed»

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For additional information call (609) 530-3882.

Mail all correspondence to:      New Jersey Department of Transportation  
Division of Civil Rights and Affirmative Action  
DBE/ESBE Program  
P.O. Box 600  
Trenton, New Jersey