Disadvantaged Business Enterprise

South Carolina Unified Certification Program

Certification Update Application

Owner Name:	wner Name: Federal Employer ID:						
Company Name:							
Phone Number:	Fax	Other Number					
Mailing Address:	City	State Zip_					
Email:	Web Address:						
Date of Application:							
Please Answer the Following	Questions:						
supporting documenta	· ,	se agreements, promissory notes, etc.).					
	s that may affect the control of your						
3. Haulers, how many to	rucks do you own?						
4. How many people do y	you currently employ?						
5. Attach a copy of your	r firm's 2022 Federal tax return.	No state returns please.					
6. Verify your company ir	nformation listed on the DBE Direct	ory is correct.					
Mail to:							
HQ SCDOT		For internal use only					
Office of Civil Rights Pro		Date Update Complete					
Suite 117, 955 Park Stree	et						
Columbia, SC 29201		Ву					
Email to:							
DRFCertification@scdot	tora						

STATE OF)	A EEIF	MANIT OF	NO CHANGI	7
COUNTY OF)	AFFIL	AVII OF	NO CHANGI	2
Name of DBE Firm:						
PERSONALLY says that:	APPEARED BEFOR	RE N	ME the u	ındersigned	l, who being	duly sworn,
DBE regula (2) There h certified (or requirement 49 CFR part (3) There h application about wh (provide dat (4) The firm small busine do not exceed size and gro (5) The per	ave been no materia for certification (or	FR parin the ch word advantal characteristics and for the country and the coun	art 26. The circum ould affect anged stranges in vious reprovides Adminual grant and BE	estances of ect its abilitatus, owner the inform certification led SCD inistration loss receipts program (I	the firm since by to meet the riship, or continuation provide application of writter (SBA) criteria for the past to Documentation	tee the date it was a DBE eligibility rol as set forth it ed in the firm s), except those notice of a for being a hree fiscal years nof the firm's
SWORN TO BEFOday of	RE ME THIS					
		(Aff	ix Seal) _		r of firm Sign	
NOTARY PUBLIC F	OR			Owne	r of firm Sign	ature
My commission expir						

Disadvantaged Business Enterprise (DBE) Affidavit of No Change