

Small Business Enterprise

South Carolina Unified Certification Program

Certification Update Application

Owner 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:

1. **Has the firm undergone any changes in ownership? If yes, please indicate below and attach supporting documentation (i.e., stock certificates, purchase agreements, promissory notes, etc.).**

2. **Are there any changes that may affect the control of your firm (i.e new owners/partners)?**

3. **Haulers, how many trucks do you own?**

4. **How many people do you currently employ?**

5. **Attach a copy of your most recent Federal tax return or extension. Those submitting an extension must submit a completed tax return by October of this year. No state returns please.**

6. **Verify your company information listed on the SBE Directory is correct.**

Mail to:
HQ SCDOT
Business Developmnet & Special Programs
Suite 117
955 Park Street
Columbia, SC 29202

For internal use only

Date Update Complete _____

By _____

STATE OF _____)
) AFFIDAVIT OF NO CHANGE
COUNTY OF _____)

Name of SBE Firm: _____

PERSONALLY APPEARED BEFORE ME the undersigned, who being duly sworn,
says that:

- (1) I am the majority owner of the above firm and I control the firm as required by the DBE regulations set forth in 49 CFR part 26.
- (2) There have been no changes in the circumstances of the firm since the date it was certified (or last recertified) which would affect its ability to meet the SBE eligibility requirements concerning size, disadvantaged status, ownership, or control as set forth in 49 CFR part 26.
- (3) There have been no material changes in the information provided in the firm's application for certification (or previous recertification applications), except those about which the firm has provided SCDOT written notice on _____ (provide date of notice to SCDOT).
- (4) The firm's average annual gross receipts for the past three fiscal years do not exceed \$7.5 million.
- (5) The personal net worth of the owner of the firm does not exceed \$1.32 million, as required by 49 CFR part 26.

SWORN TO BEFORE ME THIS
_____ day of _____, 20_____.

_____ (Affix Seal) _____
Owner of firm Signature

NOTARY PUBLIC FOR _____
My commission expires: _____

Small Business Enterprise (SBE)
Affadavit of No Change