

ALASKA UNIFIED CERTIFICATION PROGRAM (AUCP) DBE/ACDBE ANNUAL "NO CHANGE" DECLARATION ANC-Owned Firms Certified under 49 CFR 26.73(i)

The purpose of the annual declaration is to verify your firm's continued eligibility in the program and identify changes that may affect Disadvantaged Business Enterprise (DBE) and Airport Disadvantaged Business Enterprise (ACDBE) certification. This information is required to maintain DBE/ACDBE certification with the Alaska Unified Certification Program (AUCP).

All App	plicant Must Submit:
	Annual "No Change" Declaration
	Current Business Information Form
Alaska PO Box Ancho	ments must be submitted to the AUCP Office: Department of Transportation & Public Facilities Civil Rights Office x 196900 rage AK 99519-6900 : 907-269-0854 Fax: 907-269-0847

Code of Federal Regulations (CFR) §26.83 (j) states:

(j) If you are a DBE, you must provide to the recipient, every year on the anniversary of the date of your certification, an affidavit sworn to by the firm's owners before a person who is authorized by State law to administer oaths or an unsworn declaration executed under penalty of perjury of the laws of the United States. This affidavit must affirm that there have been no changes in the firm's circumstances affecting its ability to meet size, disadvantaged status, ownership, or control requirements of this part or any material changes in the information provided in its application form, except for changes about which you have notified the recipient under paragraph (i) of this section. The affidavit shall specifically affirm that your firm continues to meet SBA business size criteria and the overall gross receipts cap of this part, documenting this affirmation with supporting documentation of your firm's size and gross receipts (e.g., submission of Federal tax returns). If you fail to provide this affidavit in a timely manner, you will be deemed to have failed to cooperate under §26.109(c).

Code of Federal Regulations (CFR) §26.83 (i) states:

- (i) If you are a DBE, you must inform the recipient or UCP in writing of any change in circumstances affecting your ability to meet size, disadvantaged status, ownership, or control requirements of this part or any material change in the information provided in your application form.
 - (1) Changes in management responsibility among members of a limited liability company are covered by this requirement.
 - (2) You must attach supporting documentation describing in detail the nature of such changes.
 - (3) The notice must take the form of an affidavit sworn to by the applicant before a person who is authorized by state law to administer oaths or of an unsworn declaration executed under penalty of perjury of the laws of the United States. You must provide the written notification within 30 days of the occurrence of the change. If you fail to make timely notification of such a change, you will be deemed to have failed to cooperate under §26.109(c).



ALASKA UNIFIED CERTIFICATION PROGRAM

Alaska Department of Transportation & Public Facilities Civil Rights Office PO Box 196900

Anchorage AK 99519-6900

Phone: 907-269-0854 Fax: 907-269-0847

ANNUAL NO CHANGE DECLARATION

(represe	ntative name)
representative of	
	E Business Name)
or control requirements of 49 CFR Part 26 and 13 CFR the information provided with the most recent DBE/AC	ffecting its ability to meet the size, disadvantaged status, ownership, Part 121. I further declare there have been no material changes in CDBE application submitted by this business, except for any changes a Department of Transportation & Public Facilities Civil Rights i).
•	ng ANC and other stock of the ANC held by holders of the lants of Natives represents a majority of both the total equity of the purposes of electing directors;
entity held by the ANC and by holders of its Settlemen	ownership interest in the subsidiary, joint venture, or partnership t Common Stock represent a majority of both the total equity of the urpose of electing directors, the general partner, or principal officers:
The subsidiary, joint venture, or partnership en the 8(a) or small disadvantaged business program.	tity has been certified by the Small Business Administration under
whether I meet the standards of social and economic dis	Ify the accuracy of the information I provided in order to determine sadvantage for participation in the DBE/ACDBE Program with the of the information provided is grounds for certification denial or
false, fraudulent, or dishonest conduct in connection wi the US Department of Justice for criminal prosecution, and debarment, or Program Fraud and Civil Penalties ru	ed to report to the US Department of Transportation (USDOT) any ith the program, so that USDOT can take the steps (e.g., referral to referral to the USDOT Inspector General, action under suspension ules) provided in 49 CFR §26.107. The ADOT&PF CRO will, including responsibility determination in future contracts.
I declare under penalty of perjury, that the forg	oing is true and correct. ¹
Executed on:(da	ate)
(Printed Name & Title)	Signature

¹Knowingly and willfully providing false or misleading information to State and Federal government is a violation of 18 U.S.C. Section 1001 (False Statements) and F.S 337.135, and could subject you to fines, imprisonment or both.

^{*}Attach additional signature pages for each disadvantaged owner.

CURRENT BUSINESS INFORMATION

FIRM NAME				
PHYSICAL ADDRESS				
MAILING ADDRESS				
BUSINESS PHONE	FAX	CELL		
BUSINESS EMAIL ADDR	ESS			
BUSINESS WEBSITE ADI	ORESS			
BUSINESS CONTACT PE	RSON			
HAS THE OWNERSHIP O	OF YOUR BUSINESS CH (If so, please provide su			
HAS THE BUSINESS STR YES NO (If so, pleas		. ,	a Sole Proprietor to	a LLC)
HAS THE MANAGEMEN	T OF YOUR BUSINESS (If so, please provide su			
EMPLOYER IDENTIFICA	ATION NUMBER (EIN)			
FOR BIDDING OPPOI	RTUNITIES PLEASI	E REGISTER YO	UR BUSINESS	
http	://www.dot.state.ak.u	s/procurement/in	dex.shtml	
WHICH AREA OF THE S'	TATE DO YOU WISH T	O PROVIDE YOUR	R SERVICES?	
☐ Northern	n Region 🔲 Central R	egion Southc	oast Region	
WHAT IS YOUR FIRM'S		orting documentation)		
Signature of Represen	 tative	Date		

DESCRIBE THE CHANGES TO YOUR BUSINESS OWNERSHIP:
DESCRIBE THE CHANGES TO YOUR BUSINESS STRUCTURE:
DESCRIBE THE CHANGES TO YOUR BUSINESS MANAGEMENT: