



## ALASKA UNIFIED CERTIFICATION PROGRAM DISADVANTAGED BUSINESS ENTERPRISE ANNUAL NO CHANGE DECLARATION

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 Applicant Must Submit:

- Annual "No Change" Declaration
- Complete copy of business Federal tax returns including all forms, schedules, and statements filed with the Internal Revenue Services (IRS).

**NOTE:** If the personal tax return includes business taxes, then a complete copy (including all schedules/attachments) of the personal tax must be submitted.

- If you own other business (es), then please provide a complete copy of business Federal Tax returns including all forms, schedules, and statements filed with the Internal Revenue Services (IRS).
- Employee List
- Current Business Information Form

### Documents must be submitted to the AUCP Office:

Alaska Department of Transportation & Public Facilities Civil Rights Office  
PO Box 196900  
Anchorage AK 99519-6900  
Phone: 907-269-0854 Fax: 907-269-0847

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### 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).**



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Civil Rights Office  
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## **ANNUAL NO CHANGE DECLARATION**

I, \_\_\_\_\_  
**(Disadvantaged Business Owner)**

\_\_\_\_\_  
**(DBE/ACDBE Business Name)**

declare there have been no changes in 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 further declare there have been no material changes in the information provided with the most recent DBE/ACDBE application submitted by this business, except for any changes about which I have provided written notice to the Alaska Department of Transportation & Public Facilities Civil Rights office (ADOT&PF CRO) pursuant to 49 CFR § 26.83(i).

I declare 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 declare that I am economically disadvantaged as described and in accordance with 49 CFR §26.67 and that my personal net worth does not exceed \$1.32 million.

In addition, I specifically declare that this business and its affiliates continues to meet the Small Business Administration (SBA) pursuant to SBA, NAICS size criteria and the overall gross receipts cap of 49 CFR Part 26. I specifically declare that this business average annual gross receipts (as defined by SBA rules) over the previous three fiscal years do not exceed the USDOT's limit of \$26.29 million for FHWA or FTA assisted work and does not exceed the NAICS size criteria for FAA assisted work. I provide the attached business tax return(s) for this and any affiliate businesses in support of this declaration.

I further authorize the ADOT&PF CRO to verify the accuracy of the information I provided in order to determine whether I meet the standards of social and economic disadvantage for participation in the DBE/ACDBE Program with the AUCP. Any material misrepresentation or falsification of the information provided is grounds for certification denial or immediate decertification, whichever applies.

Please note that the ADOT&PF CRO is required to report to the US Department of Transportation (USDOT) any false, fraudulent, or dishonest conduct in connection with the program, so that USDOT can take the steps (e.g., referral to the US Department of Justice for criminal prosecution, referral to the USDOT Inspector General, action under suspension and debarment, or Program Fraud and Civil Penalties rules) provided in 49 CFR §26.107. The ADOT&PF CRO will consider similar action under our own legal authorities, including responsibility determination in future contracts.

I declare under penalty of perjury, that the foregoing is true and correct.<sup>1</sup>

Executed on: \_\_\_\_\_ (date)

\_\_\_\_\_  
(Printed Name & Title)

\_\_\_\_\_  
Signature

**\*Attach additional signature pages for each disadvantaged owner.**

<sup>1</sup>Knowingly 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.

## CURRENT BUSINESS INFORMATION

FIRM NAME \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ FAX \_\_\_\_\_ CELL \_\_\_\_\_

BUSINESS EMAIL ADDRESS \_\_\_\_\_

BUSINESS WEBSITE ADDRESS \_\_\_\_\_

BUSINESS CONTACT PERSON \_\_\_\_\_

HAS THE OWNERSHIP OF YOUR BUSINESS CHANGED?  YES  NO  
(If so, please provide supporting documentation)

HAS THE BUSINESS STRUCTURE CHANGED? (i.e., Changed from a Sole Proprietor to a LLC)  
 YES  NO (If so, please provide supporting documentation)

HAS THE MANAGEMENT OF YOUR BUSINESS CHANGED?  YES  NO  
(If so, please provide supporting documentation)

EMPLOYER IDENTIFICATION NUMBER (EIN) \_\_\_\_\_

AASHTOWare VENDOR ID: \_\_\_\_\_  
(if none, please register here: <https://iris-vss.alaska.gov/> )

FOR BIDDING OPPORTUNITIES PLEASE REGISTER YOUR BUSINESS

<http://www.dot.state.ak.us/procurement/index.shtml>

WHICH AREA OF THE STATE DO YOU WISH TO PROVIDE YOUR SERVICES?

Northern Region  Central Region  Southcoast Region

WHAT IS YOUR FIRM'S BONDING LIMIT? \_\_\_\_\_  
(Please provide supporting documentation)

\_\_\_\_\_  
Signature of Business Owner

\_\_\_\_\_  
Date

**DESCRIBE THE CHANGES TO YOUR BUSINESS OWNERSHIP:**

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**DESCRIBE THE CHANGES TO YOUR BUSINESS STRUCTURE:**

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**DESCRIBE THE CHANGES TO YOUR BUSINESS MANAGEMENT:**

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## EMPLOYEE LIST

Please list full time, part time and temporary employees below:

	NAME		TITLE
1			
2			
3			
4			
5			
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