

State/Commonwealth of _____

County of _____

BEFORE ME, the undersigned authority, in and for the said State/Commonwealth and said County personally appeared _____ who, after being sworn according to law, stated that he or she was authorized to represent _____ and to execute this affidavit on behalf of the said firm and stated, under penalty of perjury that the following statements are true, correct, accurate and complete.

Changes have occurred in circumstances affecting my ability to meet the size, ownership, and/or control requirements of 49 CFR Part 23 and/or Part 26 or in material information provided in my last application.

Within the past thirty (30) days changes have occurred to the:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Business size and overall gross receipts that cause the firm to exceed Small Business Administration and Part 23 and/or Part 26 criteria? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Personal net worth (PNW) of individual owner(s) in which certification was relied upon exceeds \$1.32 million? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Firm's ownership (including changes in interests of existing owners and the addition or removal of owners)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Officers, Directors and/or Members of the firm (changes, additions, removals)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Type of firm – business structure (i.e. Sole Proprietorship, LLC, Partnership, Corporation)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. NAICS codes (changes, additions, deletions)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Business Legal Name Change | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Physical Address Change | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Other: Explain other changes here | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please upload supporting documentation for each change by clicking the 'Document Checklist' link then 'Application Modifications/Additional Information' section within the SBE System.

Further, the Affiant does covenant and agrees to provide directly to the Pennsylvania Department of Transportation complete and accurate information regarding actual work performed on any federally-funded project, the payment therefore, any proposed changes, if any, of the foregoing arrangements, and to permit the Pennsylvania Department of Transportation to examine the books, records and files of the business.

The Affiant acknowledges that any distortion, false statements, or non-disclosure of information will be deemed to be a material misrepresentation and is subject to prosecution under both Federal and State Law.

(SEAL)

SWORN AND SUBSCRIBED BEFORE ME

THIS ____ DAY OF _____, 20____

_____ (SIGNATURE OF AFFIANT)	
_____ (PRINTED NAME)	_____ (DATE)
_____ (TITLE)	
_____ (COMPANY NAME)	
_____ (SIGNATURE OF NOTARY PUBLIC)	
My Commission Expires: _____	

Signed and notarized affidavits should be submitted to the Bureau of Equal Opportunity at the following address:

Bureau of Equal Opportunity
P.O. Box 3251
Harrisburg, PA 17105-3251