



District Department of Transportation

METROPOLITAN WASHINGTON UNIFIED CERTIFICATION PROGRAM
DISADVANTAGED BUSINESS ENTERPRISE (DBE)
OFFICE OF CIVIL RIGHTS
55 M Street S.E. 3rd Floor
Washington, DC 20003

NOTICE REGARDING CHANGE

Name of Firm:

Address:

Contact Person/Title:

Telephone: Fax No.: Email:

THIS NOTICE MUST BE SUBMITTED WITHIN 30 DAYS OF ANY CHANGE IN CIRCUMSTANCES THAT AFFECT THE FIRM'S CERTIFICATION. (49 CFR, Part 26 and the DDOT DBE Program)

Please be advised that the following changes have occurred within the firm since it submitted its application for certification to the District Department of Transportation (DDOT).

1. PERSONAL NET WORTH

As of the ___ day of ___, 20___, the personal net worth of the following principal(s) is in excess of \$1.32 Million (Effective 2/28/11):

2. SIZE STANDARD

As of the ___ day of ___, 20___, the firm is no longer able to meet applicable size standards as indicated below:

[] Gross receipts from all sources of business, averaged over the past three years, now exceeds \$22,410,000 (Effective 4/09)

[] Gross receipts, averaged over the past three years, now exceeds SIC or NAICS code limitations, as follows: _____

3. DISADVANTAGED STATUS

As of the _____ day of _____ 20__, the firm is no longer able to meet disadvantaged status eligibility criteria for the following reasons:

_____.

4. OWNERSHIP

As of the _____ day of _____ 20__, the firm has had ownership changes that affect its DBE status as follows:

_____.

5. CONTROL

As of the _____ day of _____ 20__ the firm has had the following changes in control of the firm that affect its DBE status:

6. OTHER MATERIAL CHANGE

As of the _____ day of _____ 20__, the firm has had the following other material changes that affect its DBE status:

One of the following attestations must be completed. Do not complete both selections. The form must be signed in the presence of a notary public.

FOR AN UNSWORN STATEMENT:

I hereby declare, under penalty of perjury under the laws of the United States that the foregoing information and information contained in any attachment hereto is true and accurate as of the stated date.

The foregoing attested to this _____ day of _____ 20__, by _____, who holds the position of _____ with _____.
Firm's Name

Signature

Social Security Number

FOR A SWORN STATEMENT:

State of _____)
County of _____)

Sworn to before me this ____ day of _____ 20__

Signature

Social Security Number

Notary Public:

Name

Signature

My commission expires on the ____ day of _____ _____.
Year

(Notary Seal)