DOCUMENT CHECKLIST FOR
ANNUAL REVIEW

THIS PAGE MUST BE INCLUDED WITH THE REVIEW PACKET (NO STAPLES)

COMPANY NAME

REQUIRED DOCUMENTS

☐ No Change Affidavit
☐ Federal Business Tax Return
☐ Maryland Department of Assessments and Taxation – Proof of Good Standing

Comments:

This document must be notarized.

Provide information for the most recent year, including all schedules and forms.

Proof of Good Standing from the Maryland Department of Assessments and Taxation (www.dat.state.md.us) is required for Maryland domiciled firms and MBE certified firms (except sole proprietorships and general partnerships).

THE FOLLOWING DOCUMENTS ARE REQUIRED ONLY IF OWNERSHIP OR BUSINESS STRUCTURE HAS CHANGED.

OWNERSHIP

☐ Section 3 - Uniform Certification Application
☐ USDOT Personal Net Worth Statement
☐ Updated Stock Ledger and Stock Certificates
☐ Resume(s)
☐ Proof of Citizenship
☐ Updated By-Laws or Operating Agreement
☐ Current Meeting Minutes
☐ Shareholder Buyout Agreements

BUSINESS STRUCTURE

☐ Articles of Incorporation or Organization
☐ By-Laws or Operating Agreement
☐ Meeting Minutes
☐ Maryland Department of Assessments and Taxation Amendments

FOR IN-HOUSE USE ONLY. Please do not write below this line.

PROCESSING HISTORY

Date Prepped: By Whom:
Date Scanned: By Whom:
Date Reviewed: By Whom:
NO CHANGE AFFIDAVIT

I, ___________________________, a principal of, ________________________________ , hereby swear and affirm that the information provided in this affidavit and the supporting documentation is true and correct.

Company Name: ________________________________ CHECK IF NEW  
Mailing Address: ________________________________  
Telephone Number: ________________________________ Fax Number: ________________________________  
E-mail Address: ________________________________ Website address: ________________________________

NOTE: For purposes of this agreement, the company named above (for which this affidavit is submitted), will henceforth be identified as ‘the firm’.

(Select all boxes that apply):

☐ There are no changes to the information reported on the firm’s most recent certification application, on file with the Maryland Department of Transportation (MDOT).
☐ There are no changes in the ownership of the firm.
☐ There are no changes in the firm’s operational and/or managerial control, including the board of directors and/or its officers, that may affect the MBE/DBE/SBE status of the firm.
☐ The firm has not been denied, or decertified by any other certifying agency.
☐ The firm, its directors or officers, have not been found guilty of any violations of the MBE and/or DBE Program in Maryland or any other state.
☐ The disadvantaged owner(s) Personal Net Worth does not exceed the income caps of $1,749,347 for the MBE program or $1.32 million for the DBE, SBE or ACDBE programs.
☐ The firm continues to meet the size standard set by the U.S. Small Business Administration (SBA) as determined by industry NAICS codes.
☐ The firm, if a Maryland domiciled firm or MBE certified firm, remains in Good Standing with the Maryland State Department of Assessments and Taxes (SDAT).

*Please provide an explanation for any of the boxes not selected (unchecked). You should submit the explanation information on a separate sheet of paper.

PLEASE PROVIDE THE NUMBER OF EMPLOYEES (FULL AND PART TIME) OF THE FIRM FOR EACH OF THE LAST THREE YEARS.

2016: _________   2017: _________   2018: _________

I AM PERSONALLY AUTHORIZED AS THE OWNER OF, ___________________________, TO MAKE THIS AFFIDAVIT.

Date: ___________________________   Signature: ________________________________

NOTARIZATION

Official notary public to complete the following:

On this, the __________ day of ___________________________, 20______, before me a notary public, the undersigned officer, personally appeared ___________________________, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same in the capacity therein stated, for the purposes therein contained and that the statements contained therein are true and correct.

IN WITNESS WHEREOF, I HEREBY SET MY HAND AND OFFICIAL SEAL.

Notary Public

Seal

Commission expiration date