

## 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.

**CHECK IF NEW**

**Company Name:**

**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 in the firm's circumstances affecting its ability to meet size, disadvantage status, ownership, or control requirements or any material changes to the information provided in the firm's most recent certification application, on file with the Maryland Department of Transportation (MDOT).

The disadvantaged owner(s) Personal Net Worth does not exceed the income caps of \$2,073,412 for the MBE program or \$1.32 million for the DBE, SBE or ACDBE programs.

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).

**Supporting documentation of the firm's size and gross receipts (e.g., federal business tax returns) must be attached to this affidavit.**

*\*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.**

Enter Year 1:      # of employees:      Enter Year 2:      # of employees:      Enter Year 3:      # of employees:

**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

*Name of Affiant*

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 HEREOF, I HEREUNTO SET MY HAND AND OFFICIAL SEAL.*

**Notary Public  
Seal**

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission expiration date