

**METROPOLITAN WASHINGTON  
UNIFIED CERTIFICATION PROGRAM**

55 M Street, S.E., 3rd Floor  
Washington, D.C. 20003



District Department of Transportation



**RE: Metropolitan Washington Unified Certification DBE Program Three (3) Year  
Review for Continued Certification Eligibility**

Dear DBE:

Your DBE certification anniversary date is near or has passed for annual affidavit review. Documents for completion may be found and printed at <http://dbe.ddot.dc.gov>. The following documents should be submitted:

- A completed and **notarized** "No Change Statement" or "Notice Regarding Change" **Due annually!**
- Last three (3) years' **business tax, balance sheets and personal** tax returns.
- A copy of completed Personal Financial Statement.
- A current copy of the DBE certification letter from the State in which (**Home State**) you reside if other than the District of Columbia and any other state certifications.
- A narrative description of any organizational and/or personnel changes that have occurred since your initial certification.
- The current number of employees on your payroll.
- A list of your firm's three largest contracts (project name) over the last three years and their dollar value.
- A list of NAICS Codes and description.

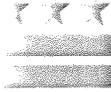
Please note that the items listed above are the only documents requested unless your organization has made changes in its By-Laws, Articles of Incorporation, or any other ownership documents during the last year.

This information must be submitted in its entirety to me as Chairperson of the Committee at the above address as soon as possible. **PLEASE DO NOT BIND AND/OR STAPLE INFORMATION AND, WHERE POSSIBLE, AVOID LEGAL PAPER.** Should you have any questions regarding this matter, please contact Mohammed Kabir, PHR at 202.299.2190, [Mohammed.Kabir@dc.gov](mailto:Mohammed.Kabir@dc.gov).

Sincerely,

*Lisa Gregory, Esq*

Lisa M. Gregory, Chief  
Office of Civil Rights  
DBE Liaison



Department of Transportation

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

**NO CHANGE STATEMENT**

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_

**THIS NOTICE MUST BE SUBMITTED ANNUALLY ON THE ANNIVERSARY DATE OF THE FIRM'S CERTIFICATION.** (49 CFR, Part 26 and the DDOT DBE Program)

The principal(s) of the above-mentioned firm affirm(s) that there have been no changes in the firm's circumstances affecting its ability to meet size, disadvantaged status, ownership or control requirements of 49 CFR Part 26 and the DBE Program or any material changes in the information provided on its application for certification compliance, except for changes made known to the District Department of Transportation (DDOT) pursuant to previously submitted Notices Regarding Change.

One of the following attestations must be completed by the individual that this statement pertains to. Do not complete both selections. **If this form is being completed on-line, the first option must be selected. If the second option is selected, the form must be signed in the presence of a notary public.**

**FOR AN UNSWORN STATEMENT:**

I/We 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:

Name	Signature	SSN

Name

Signature

SSN

**FOR A SWORN STATEMENT:**

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Name

Signature

SSN

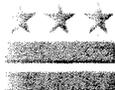
Notary Public:

Name

Signature

My commission expires on the \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

(Notary Seal)



District Department of Transportation

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DISADVANTAGED BUSINESS ENTERPRISE (DBE)  
OFFICE OF CIVIL RIGHTS  
55 M Street S.E. 3<sup>rd</sup> 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 or re-evaluation to the District Department of Transportation (DDOT).**

**1. PERSONAL NET WORTH**

As of the \_\_\_\_\_ day of \_\_\_\_\_ 2011, 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 \_\_\_\_\_ 2011, 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:

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**3. DISADVANTAGED STATUS**

As of the \_\_\_\_ day of \_\_\_\_\_ 2011, the firm is no longer able to meet disadvantaged status eligibility criteria for the following reasons:

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**4. OWNERSHIP**

As of the \_\_\_\_ day of \_\_\_\_\_ 2011, the firm has had ownership changes that affect its DBE status as follows:

**5. CONTROL**

As of the \_\_\_\_ day of \_\_\_\_\_ 2011, 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 \_\_\_\_\_ 2011, 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 \_\_\_\_\_ 2011, 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 \_\_\_\_\_ 2011.

Signature

Social Security Number

Notary Public:

Name

Signature

My commission expires on the \_\_\_\_ day of \_\_\_\_\_ Year

(Notary Seal)



**Section Stocks & Bonds 2\* Stocks & Bonds**

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
TOTAL					

**Section 3\* Real Estate Owned (List each parcel separately)**

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Payment Amount (annual)			
Mortgage Status			

**Section 4\* Other Personal Property and Other Assets:** Describe if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency, household items, art & other collectibles, and personal effects

**Section 5\* Unpaid Taxes:** Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.

**Section 6\* Other Liabilities:** Describe in detail.

**Section 7\* Life Insurance Held:** Give face amount and cash surrender value of policies - name of insurance company and beneficiaries.

I hereby authorize DDOT to make inquiries, as necessary, to verify the truth and accuracy of the information contained herein. Further, I declare, under penalty of perjury under the laws of the United States, that the foregoing information and information contained in attachments hereto, is true and accurate as of the stated date. These statements are made for the purpose of obtaining DDOT DBE Certification and possible participation on federally-assisted contracts. I understand false statements may result in my inability to obtain or continue DDOT DBE Certification and may result in criminal prosecution.

Print Name:	Social Security Number:
Signature:	Date:

Notary Public (print name): \_\_\_\_\_

Notary Public (signature): \_\_\_\_\_

(Notary Seal)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_



PLEASE LIST THE FIRM'S THREE LARGEST CONTRACTS OVER THE LAST THREE YEARS:

NAME OF PRIME CONTRACTOR & CONTACTOR'S PHONE NUMBER	NAME & LOCATION OF PROJECT	DESCRIPTION OF WORK & NAICS Codes	PROJECT START DATE	ANTICIPATED COMPLETION DATE	DOLLAR VALUE OF CONTRACT

DBE Applicant Firm's Name: \_\_\_\_\_