

AFFIDAVIT OF CONTINUED ELIGIBILITY

Submitted to the Indiana Department of Administration
Minority & Women's Business Enterprises
402 W. Washington St., RM W469
Indianapolis, IN 46204

FROM: Qualifying Member(s):

 Certified Firm:

 Address:

 City, State, Zip:

 Phone Number:

 Email:

Note: Complete the section(s) for your firm's type of certification. Please write 'not applicable' if a section does not apply.

MBE/WBE FIRMS:

Required by 25 IAC 5-3-8(c)

1. I affirm, by my signature, that the following correctly addresses issues regarding changes in the circumstances of the certified firm indicated above (please check the appropriate line below):

_____ There have been **no** changes to the enterprise's qualifying members, ownership, control requirements, or any other material change to the information provided in its application form, except for changes about which the enterprise has previously notified the department.

_____ There have been changes to the enterprise's qualifying members, ownership, control requirements, or any other material change to the information provided in its application form. The following changes have taken place:

I affirm, under the penalties of perjury, that all documents previously submitted to the Indiana Department of Administration (hereinafter referred to as "the department") in support of previous applications for certification as a minority and/or woman-owned business enterprise (MBE/WBE) are true and accurate to the best of my knowledge.

Further, I realize that the department is relying on the accuracy of this information in making decisions regarding my certification, and that in the event that documents or other information previously supplied to the department are found to be false, inaccurate or untrue, it shall be grounds for removal of the program pursuant to 25 IAC 5 and subject to other civil and criminal penalties under federal and state law including fines and imprisonment.

Signature: _____

Printed Name: _____

Title: _____ Date: _____

State of Indiana)
 S.S.
County of _____)

Subscribed and sworn to, before me, this _____ day of _____, 20____.

Signature of Notary Public

Printed or Typed Name of Notary Public

County of Residence

Date Commission Expires