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