NEW YORK STATE DEPARTMENT OF TRANSPORTATION DISADVANTAGED BUSINESS ENTERPRISE (DBE) CERTIFICATION ELIGIBILITY AFFIDAVIT

Com	oany Name:				
Addre	ess:				
Telephone:		Fax:			
Email:					
Fede	ral Identification N	lumber:			
urthe mana	er, the undersigr	in) the entity submoded received in the entity submodel the the the entity submodel in the	itting this DBE Ce re have been no c	ites that he/she is the rtification Eligibility Affidav hanges in the ownership, its last certification eligibi	
Additio	onally, this entity a	agrees to submit here	ewith the following d	ocumentation:	
1.	Signed and dated copies for last year's Business Federal Tax return, including all schedules, AND all affiliated firms, OR a signed copy of "Application for Automatic Extension of Time to File Tax Return."				
2.	Copy of current New York State license(s) held by owner(s) which is necessary to perform the services of said firm; license must possess an expiration date.				
3.	Current Vehicle Registrations and Insurance Identification Cards.				
4.	Current Home State DBE Certification letter (OUT OF STATE FIRMS ONLY).				
with th urther	e New York State understands that	e Department of Tran	sportation (NYSDO	ating DBE Certification statu T). In addition, the Applicant davit is subject to both the ci	
			SIG	NATURE	
Sworn	before me this _	day of	, 20)	
	N	Notary Public			

**NOTE: THIS PAGE MUST BE SIGNED AND NOTARIZED