

TENNESSEE UNIFORM CERTIFICATION PROGRAM (TNUCP)

No Change Declaration

I/We,	(name(s) of DBE owner(s)), declare that there have been no changes in the
circumstances of	(company name) affecting its ablility to meet the size, disadvantages
status, ownership, or control requirements of 49 CFR Part 26 and	d 13 CFR Part 121. I/We further declare there have been no material changes in the
information provided with the the application for certification for	(company name),
except for any changes about which I/wehave provided written no	otice to the TNUCP pursuant to 49 CFR § 26.83(i).
I/We declare that I am/we are socially disadvataged b	because I/we have been subjected to racial or ethnic prejudice, cutural bias, or have
suffered the effects of discrimination, because of my/our identity	y as a member(s) of one or more of the groups indentified in 49 CFR §26.5, without
regard to my/our individual qualities. I/We further declare that	t my/our personal net worth does not exceed \$1,320,000.00, and that I am/we are
economically disadvantaged because my/our ability to compete	in the free enterprise system has been impaired due to diminished capital and credit
opportunities as compared to others in the same or similar line of	business who are not socially and economically disadvantaged.
In addition, I/we specifically declare that	(company name) continues to
meet the Small Business Administration's (SBA) business size cr	riteria and the overall gross receipts cap of 49 CFR Part 26. I/We specifically delclare
that the average annual gross receipts (as defined by SBA rules)	of (company name)
over the previous three fiscal years do not exceed the SBA size	e standard pursuant to 49 CFR § 26.65(b). I/We provide the attached size and gross
receipts documentation to support this declaration.	
I/We declare under penalty of perjury that the	e foregoing is true and correct. ¹
Executed on	
Signature	Signature
Signature	Signature
If there are changes in the firm's disadvantaged status, own	ership, control and/or management or any material changes in the information
provided in the application form, please submit a letter on the	e firm's letterhead and describe any changes in disadvantaged status, ownership,
control and/or management of the firm, along with supporting	g documents.
The following must be completed to ensure your information	is correct:
The following must be completed to ensure your information	
Name of Firm:	
Name of Firm:Mailing Address:	Fax No.:
Name of Firm: Mailing Address: Telephone No.: Email Address:	Fax No.: Web Address:

• DBE Firm's Gross Receipts (attach a copy of the firm's most recent tax return and all attachments, if applicable**)

** Form 1120 for corporations; Form 1120S and Schedule K for S corporations; Form 1120, Form 1065 or Form 1040 for LLCs; Form 1065 and Schedule K for partnerships; Form 1040, Schedule F for farms; Form 1040, Schedule C for other sole proprietorships.

¹ Knowingly and willfully providing false information to the Federal government is a violation of 18 U.S.C. Section 1001 (False Statements) and could subject you to fines, imprisonment, or both. All owners claiming social and economic disadvantaged status must sign this declaration.