



STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
OFFICE OF CIVIL RIGHTS
869 Punchbowl Street, Room 112
Honolulu, Hawaii 96813
Telephone: 808 587-2023
Fax: 808 587-2025
TTY: 808 587-2210



Instructions for Completing the Change Affidavit

The **Change Affidavit** is necessary to determine the firm's continued program eligibility. If a DBE firm fails to provide this information in a timely manner, it will be deemed to have failed to cooperate with the requirements of 49 CFR §26.109(c).

1. The annual **Change Affidavit** must be completed and submitted 30 days prior to the firm's anniversary date, (indicated on your certification letter) except in the year, when the *DBE Renewal* is due (once every three years). Additionally submit the **Change Affidavit** whenever there are changes to the firm in the following areas:
 - a. Ownership or control of the firm,
 - b. Firm's addresses, email and/or telephone contact numbers,
 - c. Personal net worth of the individual owner(s) (**exceed \$1.32 million**)
 - d. Business size that would cause the firm's to exceed the maximum size standards.
 - e. Primary NAICS code and if applicable additional NAICS codes.
2. The 51% owner must sign and notarize the **Change Affidavit**.
3. Include the firm's most recent completed U.S. Income Tax Returns, or Schedule C of the owner's federal tax returns. (**including all schedules**)
4. Return the notarized Change Affidavit and tax documents to the above address.



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DISADVANTAGED BUSINESS ENTERPRISE (DBE) CHANGE AFFIDAVIT

Name of firm		dba
Address:		Mailing address (if different)
Telephone Number	FAX Number	E-mail address:
Primary NAICS code	Secondary NAICS code	
Nature of Business		

Please check one:

<input type="radio"/>	There are no changes in the firm's disadvantaged status, ownership, control and/or management or any material changes in the information provided previously in the application form.
<input type="radio"/>	There are changes in the firm's disadvantaged status, ownership, control and/or management or any material changes in the information provided previously in the application form. (Please submit a letter on the firm's letterhead and describe any changes in disadvantaged status, personal net worth, ownership, control and/or management of the firm, along with supporting documents.)

I authorize the Hawaii Department of Transportation to make inquiries as necessary to verify the accuracy of the statements made and to determine my continued eligibility as a DBE. I certify that each disadvantaged owner is socially and economically disadvantaged. Attached is the firm's U.S. Corporate or Partnership or Schedule C that substantiates the firm's business size and gross receipts. Please include Federal Business tax returns **(with all schedules)**

The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and establish the applicant's continued eligibility to participate in the DBE program. Further, the undersigned agrees to permit an onsite review of the company's operation as well as the audit and examination of books, records and files of the named firm. **Any material misrepresentation will be grounds for terminating the firm's eligibility as well as any contract that may be awarded and for initiating action under Federal and/or State laws concerning false statements.**

Name / Title	Signature of owner	Date
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Notary Public

County of	State of	{Seal}
Subscribed before me by _____ <small>(name of subscriber)</small>		
on this day of , 20 .		
Notary Public: _____		
<small>(Signature of Notary)</small>		
My commission expires on:		