## AFFIDAVIT DISADVANTAGED BUSINESS ENTERPRISE ANNUAL DETERMINATION OF ELIGIBILTY FOR MAINE BASED COMPANIES MAINE DEPARTMENT OF TRANSPORTATION

My Commission Expires	s:		
Notary Public			
Signed before me the	day of	i	in
be his/her free act and deed	d, and further said per	rson(s) swore, ON OAT	and acknowledged this instrument to H, that the statements made this page RISE are true and complete.
Signed:		Title:_	
Signed:		Title: _	
Signed:		Title: _	
	it is my obligation to fur		portation or the US Department of ended that the duly authorized majority
to return this document with	a full and complete cop	by of the firm's most rece	oned change in the stated time frame, or ent Federal Income Tax returns for each OT as a certified Disadvantaged
			l/or the MaineDOT through its Civil ownership and control of this company.
I affirm that the firm million in gross annual recei			re standard and does not exceed \$26.29
	3 and 26. If the persona	l net worth of any major	orth does not exceed \$1.32 million as ity owner exceeds the \$1.32 million caper eligible for certification.
	ner/stockholder remains	s eligible for this prograr	sworn signatures are affixed below, I m because each is socially and
benefits of ownership comm	ensurate with my owner anagement and no restri	rship interest. According ictions to my decision management	ownership and share in those risks and gly, there have been no changes to aking have occurred since the last
I,am socially and economicall	y disadvantaged in acco	, certify that I remordance with 49 CFR Par	nain eligible for the program because I t 26.
including day-to-day busine	ss and financial matters	for this company.	oranions and vorporate available
I,	, as the duly authorized majority owner/stockholder of, hereby certify that I am responsible for all operations and corporate activities		

Return to Maine Department of Transportation, Civil Rights Office, #16 State House Station, Augusta, Me 04333-0016. Duplicate this page as necessary. Enclose all documentation required.