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

My Commission Expires:	:		
Notary Public			
Signed before me the	day of	i	in
be his/her free act and deed	, and further said pers	on(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: _	
	t is my obligation to furr		portation or the US Department of ended that the duly authorized majority
to return this document with a	a full and complete copy	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 receip			re standard and does not exceed \$28.48
	and 26. If the personal	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	eligible for this prograr	sworn signatures are affixed below, I m because each is socially and
benefits of ownership comme	ensurate with my owners nagement and no restric	ship interest. According tions to my decision ma	ownership and share in those risks and gly, there have been no changes to aking have occurred since the last
I,am socially and economically	disadvantaged in accor	, certify that I rem dance with 49 CFR Par	nain eligible for the program because I t 26.
including day-to-day busines	s and financial matters f	for this company.	
I,	, hereby certify that I a	, as the duly authom responsible for all op	orized majority owner/stockholder of 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.