

MBE/WBE ANNUAL UPDATE AFFIDAVIT

<u>PLEASE NOTE:</u> It is the certified firm's responsibility to ensure all contact information and changes to commodity codes, is current and accurate on the business' Vendor Connection profile. You may access Vendor Connection at https://www.ci.austin.tx.us/financeonline/vendor_connection/index.cfm. If you need assistance in making these changes please contact Vendor Registration at (512) 974-2018 or by email at vendorReg@austintexas.gov.

1.	Vendor Code	::				
2.	Business Nar	me:				
3.	Mailing Addre	ess:				
	·	Number & Street Nan	ne or PO Box	City, State/Zip	County	
4.	Physical Add	ress:		011 01 7		
	Contact Infor		e or PU Box	City, State Zip	County	
Te	lephone:		Fax:			
Mc	MobileEmail:					
6.	Business Ow	ner(s):				
7.	. Have there been changes in the business structure or operations?					
8.						
9.	Have there been changes in licensing? Provide a copy.					
10	☐ Yes ☐ No					
Ex	plain any cha	inges indicated above and	provide supportin	g documentation:		
11.	. Does the Ow	ner(s) Personal Net Worth E	Exceed \$1,480,000.0	00?	☐ Yes ☐ No	
12	. What are the	firm's gross receipts and er	nployees for the pas	st three years?		
'ea		Gross Receipts	FTE (Full Time Employees)	PTE (Part Time Employees)	Contract Employees	

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l,	(owner), swear and affirm that all information is correct in				
the Austin Cit information pr	y Code §§ 2-9(A)-(D). I rovided with the applica	(business dvantaged status, ownership, or control red I swear and affirm there have been no mate ation for certification, except for any change Austin Small and Minority Business Resou	erial changes in the es about which I have		
ethnic prejudi as a member regard to my i \$1,480,000, a enterprise sys to others in th	ce or cultural bias, or hof one or more of the good individual qualities. I fuill and that I am economicatem has been impaired a same or similar line of	socially disadvantaged because I have been ave suffered the effects of discrimination, by groups identified in the Austin City Code §§ of the swear (or affirm) that my personal net ally disadvantaged because my ability to cold due to diminished capital and credit oppoor by business who are not socially and econo	pecause of my identity 2-9(A)-(D), without worth does not exceed compete in the free rtunities as compared mically disadvantaged.		
continues to r 13 CFR Part		es Administration (SBA) business size criteravide the attached size and gross receipts of support this affidavit.			
with an appli	ication for or challeng	e or misleading information to the City o ge to a certification or recertification is a s-25, 2-9C-25 and 2-9D-25 and may resul	violation of the		
Owner's Sign	ature:	Date:			
		(Month), 20			
being duly sw	orn, did execute the af	(Owner's Name), to me pe fidavit and did so as his or her free act and	rsonally known, who, deed.		
 Notary Public	/ Seal	Notary Signature			

RETURN ORIGINAL NOTARIZED AFFIDAVIT AND MOST RECENT BUSINESS TAX RETURN TO:

City of Austin- Small & Minority Business Resources Department, Certification Office P.O. Box 1088, Austin, TX 78767 *OR* 4201 Ed Bluestein Blvd, Austin TX 78721

Telephone: (512) 974-7645