

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 Nan	me:	_						
3.	Mailing Address:								
		Number & Street N	ame or PO Box	City, State/Zip	City, State/Zip		County		
4.	Physical Add	ress:		011 01-1- 71-					
_		Number & Street Na	me or PU Box	City, State Zip	City, State Zip		County		
5.	Contact Inform	mation :							
Те	lephone:		Fax:						
Mobile Email:									
6.	Business Ow	/ner(s):							
_	7. Have there been changes in the business structure or operations?								
8.	Have there be	een changes in ownership	within the past yea	r? `	Yes [No		
9.	Have there be	Have there been changes in licensing? Provide a copy. Yes No							
10	10. Have there been changes in the firm's work location?								
Explain any changes indicated above and provide supporting documentation:									
	Does the Ow	ner(s) Personal Net Worth		 ე იი?		□ Yes □	No No		
		. ,			L	163	140		
		firm's gross receipts and	FTE	ast three years?		Contract			
Yea	r C	Gross Receipts	(Full Time Employees)			Employees			

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l,		(owner), swear and affirm that all information is correct in
control required to the contro	circumstances affecting its rements identified in the Aus erial changes in the informat	ability to meet size, disadvantaged status, ownership, or stin City Code §§ 2-9(A)-(D). I swear and affirm there have ion provided with the application for certification, except for ed written notice to the City of Austin Small and Minority
ethnic prejud as a member regard to my \$1,540,000, a enterprise sy	ice or cultural bias, or have so of one or more of the groups individual qualities. I further sand that I am economically distem has been impaired due	y disadvantaged because I have been subjected to racial or uffered the effects of discrimination, because of my identity is identified in the Austin City Code §§ 2-9(A)-(D), without swear (or affirm) that my personal net worth does not exceed sadvantaged because my ability to compete in the free to diminished capital and credit opportunities as compared iness who are not socially and economically disadvantaged.
continues to o		(business) ministration (SBA) business size criteria established in 13 attached size and gross receipts documentation (most port this affidavit.
with an appl	lication for or challenge to	nisleading information to the City of Austin in connection a certification or recertification is a violation of the Austin and 2-9D-25 and may result in sanctions.
Owner's Sign	nature:	Date:
On this	(day) of	(Month), 20, before me appeared
	(Owner's affidavit and did so as his or h	s Name), to me personally known, who, being duly sworn, did ner free act and deed.
Not	tary 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

The City of Austin is committed to compliance with the Americans with Disabilities Act. Reasonable modifications and equal access to communications will be provided upon request.