

## **Annual Declaration of Eligibility**



Certification:	DBE	MBE	WBE	ACDBE		
Name of Business:						
NAICS Codes:				Number of Employees:		
Physical Address: _			City:	State:	Zip Code:	
Mailing Address: _			City:	State:	Zip Code:	
Company Email Ad	dress:					
Contact Email Add						
Website Address: _						
Business Telephone: Fax:				Business Cellphone:		
Owners Name:			Title: _	0	wnership Percentage:	
Owners Name:			Title: _	0	wnership Percentage:	
Owners Name:			Title: _	o	Ownership Percentage:	
I am currently o	certified for the emains within et worth of all	e applicable prog the SBA size stan qualifying owners	ndard for the listed	state.(Non-Kansas (	equired under 49 CFR Par 26.65	
• •	m's complete	d federal tax retu		s year in conforma	nce with 49 CFR Part 26.83(j), 13 CFR	
		_	•		on of books, records and files of myself uent sanctions or prosecution.	
MATERIAL OMISSION N DECERTIFICATION, OR	d by the MAJO NADE IN CONI SUSPENSION	ORITY OWNER up NECTION WITH T I OR DEBARMEN	HIS SUBMISSION T PROCEEDINGS	I IS SUFFICIENT CA AND MAY SUBJEC	rtification. A FALSE STATEMENT OR AUSE FOR DENIAL OF CERTIFICATION OF THE PERSON OR ENTITY MAKING NDER FEDERAL AND STATE LAW.	
Majority Owner Name (print):				Title:		
Signature:						