

CALIFORNIA UNIFIED CERTIFICATION PROGRAM (CUCP)



DEPARTMENT OF TRANSPORTATION
OFFICE OF CIVIL RIGHTS
1823 14TH STREET
SACRAMENTO, CA 95811

ANNUAL UPDATE DECLARATION

AIRPORT CONCESSIONS DISADVANTAGED BUSINESS ENTERPRISE/DISADVANTAGED BUSINESS ENTERPRISE (ACDBE/DBE) CERTIFICATION

*Fill out all information and do not leave any blanks. Attach supporting documents and return form to agency listed above. Failure to complete and return this form will result in **suspension** from the DBE program pursuant to 49 CFR §26.88. Your firm's certification may also be removed for non-cooperation.*

Firm Name	Firm CUCP ID#
Address	City, State ZIP
Mailing Address(if different from above)	City, State ZIP
() () ()	
Phone #	Cell Phone #
Fax #	Email Address
Web Address (if any)	

1. During the past year, have there been any changes in the firm's

Primary business activity (type of work)?.....	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Business structure?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Ownership?.....	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Professional licensing?.....	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Geographical work area selections?.....	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the DBE owner's personal net worth above the threshold of \$1.32M?.....	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If yes to any question in #1, please submit a letter on company letterhead describing changes and attach relevant supporting documentation.

2. Enter firm's **total gross receipts** for the past three years, **including all affiliate firms**:

20___ \$_____ ; 20___ \$_____ ; 20___ \$_____

3. Provide all requested documentation in the attached cover letter. If you do not have the cover letter, contact your certification agency for assistance

I/We declare under penalty of perjury laws of the United States that there have been no changes in the firm's circumstances affecting its ability to meet the size, disadvantaged status, ownership, or control requirements of 49 CFR Parts 23 and/or 26, except for any changes for which I/we have provided written notice. I/We further declare my/our Personal Net Worth does not exceed \$1,320,000 and that I am/we are socially or economically disadvantaged¹.

Each individual owner whose ownership and control is relied upon for certification is required to sign below. Attach additional page(s) as needed.

Signature _____

Signature _____

Printed Name _____

Printed Name _____

Title _____ Date _____

Title _____ Date _____

¹Knowingly and willfully providing false information to the Federal government is a violation of 18 U.S.C Section 1001 (False Statement) and could subject you to fines, imprisonment or both. All owners claiming social and economic disadvantaged status must sign this declaration. In addition, signing this form I agree to adhere to 49 CFR Part 26 and 13 CFR Part 121, § 26.83(i), §26.5 and §26.65(b).¹