

PENNSYLVANIA UNIFIED CERTIFICATION PROGRAM FOR DISADVANTAGED BUSINESS ENTERPRISES

NOTICE OF CHANGE AFFIDAVIT

State/C	ommonwealth of)					
County	of) ss.					
appeare	E ME, the undersigned authority, in and for the saided who, afted to representunder penalty of perjury that the following statement	ter being sworn according to law	, state	ed that he of	r she	was n and
	s have occurred in circumstances affecting my abilit requirements of 49 CFR Part 23 and/or Part 26 or in					nd/or
Within t	he past 30 days changes have occurred to the:					
1.	Business size and overall gross receipts that cause Business Administration and Part 23 and/or Part 2			Yes		No
2.	Personal net worth of an individual owner who's status was relied on for certification exceeds \$1.32 million?			Yes		No
3.	3. Firm's ownership (including changes in interests of existing owners and the addition or removal of owners)?			Yes		No
4.	Officers and/or Directors of the firm?			Yes		No
5.	5. Structure of business (i.e. proprietorship, Ilc, partnership, corporation)?			Yes		No
6.	6. Out of state firms: Home state certification status?			Yes		No
7.	Other:			Yes		No
Attach s	supporting documents regarding each change(s).					
complete therefore Certification. The Affi	the Affiant does covenant and agrees to provide dire and accurate information regarding actual work pee, any proposed changes, if any, of the foregoing article and Program to examine the books, records and file ant acknowledges that any distortion, false statement misrepresentation and is subject to prosecution under the prosecution under the prosecution and the prosecution under the provided the pr	erformed on any federally-funded rangements, and to permit the P es of the business. hts, or non-disclosure of informa	d proje ennsy	ect, the payn Ivania Unific	nent ed	
materia	Thistopresentation and is subject to prosecution and	der betitt ederal and etate Law.				7
(SEAL)		(SIGNATURE OF AFFIANT)	([DATE)		
		(PRINTED NAME)				
SWORN AND SUBSCRIBED BEFORE ME		(TITLE)				
THIS, DAY OF, 20		(COMPANY NAME) (SIGNATURE OF NOTARY PUBLI	(C)			
		My Commission Expires:	/			