

Tennessee Uniform Certification Program

Member Agencies

Tennessee Department
of Transportation

Metropolitan Knoxville
Airport Authority

Chattanooga Metropolitan
Airport Authority

Memphis Shelby County
Airport Authority

Metropolitan Nashville
Airport Authority

Chattanooga Area Regional
Transportation Authority

Memphis Area
Transit Authority

Jackson Transit Authority

Smyrna Airport Authority

Tri-Cities Airport Commission

Clarksville Transit System

Regional Transportation
Authority [Middle TN]

Nashville Metropolitan
Transit Authority

Knoxville Area Transit

Jackson Airport Authority

Johnson City Transit

Bristol Tennessee Transit

Murfreesboro Rover
Public Transit

Kingsport Area Transit Service

TO: Name of DBE Applicant
Company Name
Address
City, State Zip Code

EMAIL: *****

FROM: TNUCP Recipient (i.e., Tennessee Department of Transportation)
Director of Member Registration

DATE: September 28, 2015

RE: Annual No Change Declaration

Our records show that you are due to submit your annual No Change Declaration. To continue your certification as a Disadvantaged Business Enterprise (DBE) Program participant, please read, fill out the necessary information and supply the required documentation as listed on the attached document in order to maintain your certification in accordance with 49 CFR 26.83(j). The items needed as soon as possible are as follows:

→DBE Firm's Gross Receipts (**attach a copy for the firm's most recent tax return** and all attachments, if applicable**)

** Form 1120 for corporations; Form 1120S and Schedule K for S corporations; Form 1120, Form 1065 or Form 1040 for LLCs; Form 1065 and Schedule K for partnerships; Form 1040, Schedule F for farms; Form 1040, Schedule C for other sole proprietorships.

→Tennessee Uniform Certification Program (TNUCP) No Change Declaration (This attached document *must* be filled out in its entirety, *signed and dated* by *the DBE owner{s}*).

The No Change Declaration should be submitted to:

***Director of Member Registration
The Uniform Certification Agency
P.O. Box 3060***

Memphis, TN 38173

(901) 525-6512

(901) 525-5204 (fax)

Attn: Name of TNUCP Officer: Jesyca Westbrook-Pettes, Esq.

Email: mmbcc@mmbc-memphis.org

Thank you for your participation in the TNUCP. If you have any questions, please contact our office at your earliest possible convenience.

TENNESSEE UNIFORM CERTIFICATION PROGRAM (TNUCP)

No Change Declaration

I/we, _____ {name(s) of DBE applicant(s)}, declare that there have been no changes in _____ (company name) circumstances affecting its ability to meet the size, disadvantaged status, ownership, or control requirements of 49 CFR Part 26 and 13 CFR Part 121. I/we further declare there have been no material changes in the information provided with _____ (company name) application for certification, except for any changes about which I/we have provided written notice to the TNUCP pursuant to 49 CFR § 26.83(i).

I/we declare that I am (or we are) socially disadvantaged because I/we have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my/our identity as member(s) of one or more of the groups identified in 49 CFR § 26.5, without regard to my/our individual qualities. I/we further declare that my/our personal net worth does not exceed \$1,320,000.00, and that I am (or we are) economically disadvantaged because my/our ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

In addition, I/we specifically declare that _____ (company name) continues to meet the Small Business Administration (SBA) business size criteria and the overall gross receipts cap of 49 CFR Part 26. I/we specifically declare that _____ (company name) average annual gross receipts (as defined by SBA rules) over the previous three fiscal years do not exceed the SBA size standard pursuant to 49 CFR § 26.65(b). I/we provide the attached size and gross receipts documentation to support this declaration. Number of employees (part-time/full-time) is _____.

I/we declare under penalty of perjury that the foregoing is true and correct. ¹

Executed on (date) _____

Signature *Print Name*

Signature *Print Name*

Signature *Print Name*

Signature *Print Name*

If there are changes in the firm's disadvantaged status, ownership, control and/or management or any material changes in the information provided previously in the application form, please submit a letter on the firm's letterhead and describe any changes in disadvantaged status, ownership, control and/or management of the firm, along with supporting documents.

Please assist us in updating our files by providing the following information:

Name of Firm _____

Mailing Address _____

City, State, Zip Code _____

Telephone# _____ Fax# _____ E-mail Address _____

¹ Knowingly and willfully providing false information to the Federal government is a violation of 18 U.S.C. Section 1001 (False Statements) and could subject you to fines, imprisonment or both. All owners claiming social and economic disadvantaged status must sign this declaration.