

ALASKA UNIFIED CERTIFICATION PROGRAM (AUCP)
Disadvantaged Business Enterprise (DBE)
Airport Concession Disadvantaged Business Enterprise (ACDBE)
Affidavit of Correct and Current Interstate Certification

Name of Applicant Firm: _____

Name of Owner of Firm: _____ personally appeared before me, the undersigned, who being duly sworn, stated:

- 1) He/she is the majority owner of the above firm and he/she controls the firm as required by the DBE regulations set form in 49 CFR Part 26 and 23.
- 2) There have been no changes in the circumstances affecting its ability to meet the size, disadvantaged status, ownership, or control requirements of 49 CFR, Part 26 and 13 CFR Part 121.
- 3) There have been no material changes in the information provided in the firm's initial application for certification with _____
(home state DOT/UCP name)

I authorize the Alaska Department of Transportation and Public Facilities (ADOT & PF), the Civil Rights Office (CRO), to verify the accuracy of the information I provided to determine whether I meet the standards of social and economic disadvantage for participation in the DBE Program with the AUCP. Any material misrepresentation or falsification of the information provided is grounds for certification denial.

Applicant Name

Signature of Applicant

Mailing Address

Date

City, State, Zip Code

Daytime Telephone (include area code)

Email address
Notary Public (SEAL)

On this ____ of _____, _____
before me appeared _____

who, being duly sworn, did execute the foregoing affidavit, and did state that (he/she) did so as (his/her) free act and deed.

Notary Public

Commission Expires _____