



**Key West International Airport  
Florida Keys Marathon Airport  
Disadvantaged Business Enterprise (DBE) Program**

**Affidavit: Continuing Eligibility**

**DECLARATION**

This declaration is executed under penalty of perjury of the laws of the United States and State of Florida.

**PRINT NAME AND TITLE OF  
MAJORITY DISADVANTAGED OWNER:** \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS (If different):** \_\_\_\_\_

**BUSINESS PHONE:** \_\_\_\_\_ **FAX NUMBER:** \_\_\_\_\_

You must include the following with this affidavit:

1. A complete business tax return for the current year. This may take the form of a Schedule 1120, 1120S or C. *You must include the gross receipts of any and all affiliate businesses together with their respective tax returns.*
2. An up-to-date Statement of Personal Net Worth (1 copy enclosed) for each owner claiming disadvantaged individual status.
3. A complete current year personal tax return for each owner claiming disadvantaged individual status.
4. Copies of all current business, occupational and professional licenses that have been renewed since the last time an affidavit or DBE application was submitted.
5. Complete support documentation for any affirmative or "YES," response to items 2 or 4 of this affidavit.

**DBE FIRM'S GROSS RECEIPTS (most recent complete year):** \$ \_\_\_\_\_.

**HAS THERE BEEN A CHANGE IN OWNERSHIP THIS PAST YEAR?** YES \_\_\_ NO \_\_\_ (If "yes," you must submit proof of investment; documents indicating race, gender, ethnicity and citizenship status; stock certificates, partnership agreements, Corporate Meeting Minutes etc. reflecting said changes for all new owners.)

**DOES THE PERSONAL NET WORTH (PNW) OF ANY DISADVANTAGED OWNER EXCEED \$750,000?** YES \_\_\_ NO \_\_\_ (If "yes," identify the owner(s)) *Personal Net Worth excludes your personal residence and the value of the DBE firm. Include all non-DBE business property, furnishings, jewelry, guns, stocks, bonds, IRAs, livestock, etc.)*

**HAS THERE BEEN A CHANGE IN MANAGEMENT?** (Include Board of Directors for Corporations) YES \_\_\_ NO \_\_\_ (If "Yes," you must provide the names of new management staff and a description of their duties and responsibilities.)



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**I understand that any material misrepresentation will be grounds for de-certification and for initiation of actions under Federal and/or State laws regarding the making of false statements.**

**I hereby certify there have been no material changes to the information provided with this firm's most recent complete application for DBE certification, except those heretofore or herein conveyed in writing.**

STATE OF \_\_\_\_\_

\_\_\_\_\_  
*(Disadvantaged Owner's Printed Name)*

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
*(Disadvantaged Owner's Signature)*

**Corporate Seal:**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_  
*(Affiant's Printed Name)*

He/She is personally known to me or has produced \_\_\_\_\_ as identification.  
*(Type of Identification)*

STATE OF \_\_\_\_\_

\_\_\_\_\_  
*(Signature of Notary)*

\_\_\_\_\_  
*(Notary's Printed Name)*

**My Commission Expires:** \_\_\_\_\_