



**RETURN THE COMPLETE AFFIDAVIT
(ATTACH ALL REQUIRED DOCUMENTS) TO:**

***LEE COUNTY PORT AUTHORITY
D.B.E. OFFICE
11000 TERMINAL ACCESS RD.
SUITE 8671
FORT MYERS, FL 33913***

***Prospective vendors are encouraged to complete the
LEE COUNTY PORT AUTHORITY
Vendor Application through the following link:
<http://www.flylcpa.com/purchasing/forms/vendorapplication>***

STATE OF FLORIDA
UNIFIED CERTIFICATION PROGRAM

Disadvantaged Business Enterprise (DBE) and Airport Concession Disadvantaged Business Enterprise (ACDBE)

Affidavit For Continuing Eligibility

DECLARATION

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

PRINT NAME AND TITLE OF MAJORITY DISADVANTAGED OWNER: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS (if different): _____

BUSINESS PHONE: _____ FAX NUMBER: _____

DBE /ACDBE FIRM'S GROSS RECEIPTS (MOST RECENT COMPLETE YEAR): \$ _____ (attached a copy of firm's tax return, Schedule C or a CPA Report. You must include the gross receipts of any and all affiliate businesses together with their respective tax returns or income statements)

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 \$1.32M? YES ___ NO ___ (If "yes," identify the owner(s)) Personal Net Worth excludes your personal residence and the value of the DBE firm. Including all non-DBE business property, furnishings, jewelry, guns, stocks, bonds, IRAs, livestock, etc.

HAS THERE BEEN A CHANGE IN MANAGEMENT? (Including 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.)

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 certify that there have been no material changes in the information provided with this firm's most recent complete application for DBE certification, except those heretofore conveyed, in writing, to:

STATE OF _____

Disadvantaged Owner's Printed Name

COUNTY _____

Corporate Seal:

Disadvantaged Owner's Signature

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 _____ (type) as identification.

STATE OF _____

(Notary's Printed Name)

My Commission Expires