

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**BUSINESS DEVELOPMENT INITIATIVE**  
**AFFIDAVIT & PROFILE**  
**NO CHANGE DECLARATION**

275-000-04  
EQUAL OPPORTUNITY  
OGC – 07/16  
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**FLORIDA DEPARTMENT OF TRANSPORTATION (FDOT)**

**Submit completed form to [fdot.bdi@dot.state.fl.us](mailto:fdot.bdi@dot.state.fl.us)**

**Business Name** \_\_\_\_\_

**Business Address** \_\_\_\_\_  
(City) (State) (Zip)

**Mailing Address** \_\_\_\_\_  
(City) (State) (Zip)

**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Other** \_\_\_\_\_

**E-mail** \_\_\_\_\_ **Date Business Established** \_\_\_\_\_

**Federal Employer Identification Number** \_\_\_\_\_

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**BUSINESS DEVELOPMENT INITIATIVE**  
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**NO CHANGE DECLARATION**

I, \_\_\_\_\_ am an owner or duly authorized representative of  
\_\_\_\_\_ (Name of business), and I do hereby declare:

This business:

- Meets the definition for a small business pursuant to Section 337.027, F.S.  
Gross revenues, three year average (include affiliate businesses) \$ \_\_\_\_\_

The undersigned hereby affirms there have been no changes in circumstances affecting the business's ability to meet the criteria as defined by the Department. I further declare there have been no material changes in the information provided with the business's most recent submitted Affidavit & Profile.

The undersigned hereby authorize(s) and request(s) any person, firm or corporation to furnish any pertinent information requested by the State of Florida Department of Transportation deemed necessary to verify the statements made in this affidavit or regarding the ability, standing and general reputation of the Proposer.

I declare, under penalty of perjury, that the information provided above and any supporting documents are true and accurate to the best of my knowledge.<sup>1</sup> The owner/authorized representative will inform the FDOT within 30 days of any change that would affect my small business status.

\_\_\_\_\_  
*Owner/Authorized Representative Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Owner/Authorized Representative Printed Name & Title*

**Notary:**

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

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

Before me, the above signed authority, personally appeared \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ (type of identification) identification and is duly sworn, deposes and says that he/she is authorized to represent \_\_\_\_\_ (business). Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

\_\_\_\_\_  
My Commission Expires

<sup>1</sup>Knowingly and willfully providing false or misleading information to State and Federal government is a violation of 18 U.S.C. Section 1001 (False Statements) and F.S 337.135, and could subject you to fines, imprisonment or both.