



**ILLINOIS DEPARTMENT OF CENTRAL MANAGEMENT SERVICES  
BUSINESS ENTERPRISE PROGRAM  
NO CHANGE AFFIDAVIT**

Name of Firm: \_\_\_\_\_ FEIN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone No.: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

**1.  Check the certification status of applicant firm:**

\_\_\_\_ Minority Business Enterprise(MBE) \_\_\_\_ Female Business Enterprise(FBE) \_\_\_\_ Persons with Disabilities Business Enterprise (PBE)

**2. Ownership of Firm: List current owners by name, title, status and percentage ownership.**

Owner Name	Title / Position	Ethnic/Race	Gender	% of Ownership
				%
				%
				%

**3. Has there been a change in your firm's ownership interest since your most recent State of Illinois BEP certification? If yes, please provide the owner's name, title, status and percentage of ownership.** \_\_\_ YES \_\_\_ NO

Owner Name	Title / Position	Ethnic/Race	Gender	% of Ownership
				%
				%
				%

**4 a. Ownership in other Firm(s): Does any owner of the applicant firm have an ownership interest in any other firm?** \_\_\_ YES \_\_\_ NO

**4 b. If yes, please provide the owner's name, name and address of other firm, title, status and percentage of ownership in the other firm(s).** \_\_\_ YES \_\_\_ NO

Owner Name	Title / Position	Ethnic/Race	Gender	% of Ownership

**5. Are you currently incorporated in Illinois or authorized to transact business in Illinois? Authorization to transact business in the State of Illinois is required for businesses that are not incorporated in the State of Illinois. Contact the State of Illinois for additional information 312/793/3380.** \_\_\_ YES \_\_\_ NO

**6. Does your firm's business require a professional license? If yes, please list the firm's local, county, and state active business license(s), permit(s), and professional licenses (e.g., contractor, architect or engineer's registration) as required by law. Submit copies of any registration, licenses, certificates or pending applications obtained since your last State of Illinois BEP certification.** \_\_\_ YES \_\_\_ NO

Name of Qualifying Individual/Firm	License Name	Expiration Date	License Number	Any limitations

**7. Has this firm been granted certification as a PBE/MBE/FBE or SBA 8a Certified Contractor since your last State of Illinois BEP certification? If yes, indicate the name of the certifying authority and date of such action. Submit copies of all certificates** \_\_\_ YES \_\_\_ NO

Name of firm	Certifying Agency	Date of Last Certification

**8. Has this firm been denied certification as a PBE/MBE/FBE or SBA 8a Certified Contractor since your last State of Illinois BEP certification? If yes, indicate the name of the certifying authority and date of such action. Submit copies of all action letters.** \_\_\_ YES \_\_\_ NO

Name of firm	Certifying Agency	Date of Last Certification

