## **AFFIDAVIT OF CONTINUED ELIGIBILITY**

Submitted to the Indiana Department of Administration

Division of Supplier Diversity 402 W. Washington St., RM W462 Indianapolis, IN 46204

FROM:	Qualifying Member(s):
	Certified Firm:
	Address:
	City, State, Zip:
	Phone Number:
	Email:

*Note*: Complete the section(s) for your firm's type of certification. Please write 'not applicable' if a section does not apply.

## MBE/WBE FIRMS:

Required by 25 IAC 5-3-8(c)

changes in	my signature, that the circumstance e line below):	t the following s of the certifie	correctly addresses issues regarding ed firm indicated above (please check the
	ownership, contr information provi	ol requirement ided in its appl	to the enterprise's qualifying members, its, or any other material change to the ication form, except for changes about pusly notified the department.
	ownership, contr	ol requirement ided in its appl	he enterprise's qualifying members, ts, or any other material change to the ication form. The following changes
Department of Adminis	tration (hereinafter ation as a minority	r referred to as and/or womar	ts previously submitted to the Indiana s "the department") in support of previous n-owned business enterprise (MBE/WBE)
decisions regarding my previously supplied to t	certification, and the department are the program pursu	that in the eve e found to be fa uant to 25 IAC	ccuracy of this information in making nt that documents or other information alse, inaccurate or untrue, it shall be 5 and subject to other civil and criminal d imprisonment.
Signature:			
Printed Name:			
Title:		Date	e:
State of County of	) S.S.		
Subscribed and sworn to,	before me, this	day of	, 20
Signature of Notary Public	 >		Printed or Typed Name of Notary Public
County of Residence			Date Commission Expires