



MINORITY/WOMEN BUSINESS ENTERPRISE ANNUAL UPDATE

To be submitted within ten days prior to your certification anniversary date. THIS ANNUAL UPDATE FORM IS REQUIRED BY OSWD IN ORDER TO KEEP YOUR MBE OR WBE ELIGIBILITY STATUS.

GENERAL INFORMATION

NAME OF FIRM		
CERTIFICATION NUMBER	EXPIRATION DATE	
MINORITY/WOMAN OWNER		
STREET ADDRESS		
MAILING ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS	TELEPHONE NUMBER	FAX NUMBER
DESCRIBE THE PRIMARY BUSINESS ACTIVITY OF THE FIRM		
PLEASE CHECK WHICH STRUCTURE THE COMPANY IS CURRENTLY USING BELOW		
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company		

OWNERSHIP/CONTROL INFORMATION

HAVE THERE BEEN ANY CHANGES IN THE OWNERSHIP OR CONTROL IN THE PAST YEAR?

YES NO

CURRENT OWNERS/MEMBERS	TITLE	ETHNICITY/GENDER	OWNERSHIP/ MEMBERSHIP PERCENTAGE	NUMBER OF SHARES	DIRECTOR (YES OR NO)

I DO SOLEMNLY DECLARE AND AFFIRM THAT THE CONTENTS OF THIS ANNUAL UPDATE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

NAME/TITLE	DATE
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MBE/WBE MAJORITY OWNER'S SIGNATURE