

**State Certification Renewal Affidavit:** By signing below, I accept and agree to the following:

- a. This state certification no change renewal affidavit and any supporting documentation is provided to the SDO to ensure that my firm continues to meet state certification regulations codified at 425 CMR 2.00 et seq.
- b. Any eligible principal who knowingly provides **false or misleading** information on his/her firm's renewal affidavit may cause the firm to be barred from the SDO state certification program for a period of up to five (5) years as well as the civil and criminal penalties pursuant to the Massachusetts False Claims Act, M.G.L. c. 12, §§5A - 5O.
- c. I recognize my firm's continuing duty to notify the SDO in writing within (30) business days of any material change (See attached).
- d. I swear under the pains and penalties of perjury that:

- **Number of employees for the past three years (including all owners)**

**Year \_\_\_\_\_ Emp. \_\_\_\_\_ Year \_\_\_\_\_ Emp. \_\_\_\_\_ Year \_\_\_\_\_ Emp. \_\_\_\_\_ ; AND**

- **I have registered** my firm on COMMBUYS at [www.COMMBUYS.com](http://www.COMMBUYS.com), which is the Commonwealth's Market Center, where the Commonwealth and many Commonwealth municipalities post their bidding opportunities.

- [Register for the Small Business Purchasing Program \(SBPP\)](#)

**I'm not interested** in public bidding and contract opportunities in the Commonwealth and did not register my firm on COMMBUYS.

- There have been **no material changes** at **Insert Company Name [ \_\_\_\_\_ ]** that would adversely impact the firm's ability to meet SDO ownership, control, ongoing and independence criteria pursuant to SDO certification regulations codified at 425 CMR 2.00 et seq.; **Please also complete the checklist below:**

Material Change	Yes	No	Please Describe (Attach Separate Sheet(s) if Necessary)
1. Has the firm been Certified or Decertified/Denied as a <u>MBE</u> , <u>WBE</u> , <u>VBE</u> and/or <u>PBE</u> in any other jurisdiction? Please describe and upload supporting certification letter(s) or debarment information in your SDO online portal account <b>Document Center</b> .	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has the firm been debarred or prohibited from participating in public contracting opportunities by any governmental body, including, but not limited to the federal government or Massachusetts state government?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Has the firm been sold or have there been any ownership changes? If yes, <b>please upload</b> all supporting documents in your SDO online portal account <b>Document Center</b> .	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have there been any changes of business structure? If yes, <b>please upload</b> all legally filed supporting documentation in your SDO online portal account <b>Document Center</b>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have there been any changes to the firm's contact person, including name, gender, telephone number, e-mail and/or web address or fax number? If yes, <b>please update the information</b> in your SDO online portal account <b>Contact Information screen</b> .	<input type="checkbox"/>	<input type="checkbox"/>	
6. Has the company's name, mailing or physical street address FEI number and/or DUNS Number changed? If yes, <b>please upload</b> a new W-9 form and Terms and Conditions form in your SDO online portal account <b>Required Document List screen</b> .	<input type="checkbox"/>	<input type="checkbox"/>	
7. Has the company changed its business description? If yes, please provide new business description here to the right.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does the eligible owner currently work elsewhere? If yes, <b>please upload</b> an employment attestation form along with a current resume in your SDO online portal account <b>Required Document List screen</b> .	<input type="checkbox"/>	<input type="checkbox"/>	

**Approval by Eligible Principal/Agent:**

Signature of Eligible Principal or Agent	Typed/Written Name of Eligible Principal/Agent	Date Signed

**Notarized Verification**

Notary Printed Name:	<b>Affix Notary's seal here:</b>
Notary Signature:	
Sworn before Notary on the following date:	
Notary commission expires:	