



NASSAU COUNTY OFFICE OF MINORITY AFFAIRS

One West Street
MINEOLA, NEW YORK 11501
TEL. (516)-572-2240
FAX: (516)-571-6705

AFFIDAVIT OF NO CHANGE

I, _____ do hereby declare that I am authorized to act on
(Name of M/WBE Owner)
behalf of the business know as _____ in executing this Affidavit.
(Name of Certified Business)

I swear or affirm that there have been no changes in the circumstances or ownership of the business affecting its ability to meet the M/WBE status of the owner(s), ownership, or control requirements for Nassau County M/WBE certification. There has been no material changes in the information provided with the firm's original application for certification, except for those changes previously submitted in writing to the certifying agency. The firm meets the criteria for identification as a M/WBE for purposes of M/WBE certification as established by Nassau County.

Signed and sworn to this _____ day of _____, 20_____.

Signature of M/WBE Owner

Title

NOTARY PUBLIC:

STATE OF: _____

COUNTY OF: _____

On this _____ day of _____, 20____, THE ABOVE ASCRIBED did appear before me and execute this Affidavit acting on behalf of (Name of Firm) _____.

Notary Public Commission

Expiration