# GOVERNOR'S OFFICE OF DIVERSITY BUSINESS ENTERPRISE

## AFFIDAVIT OF NO CHANGE

I affirm, by my signature, that the following correctly addresses issues regarding changes in the circumstances of _____indicated below:
(Print Name of Certified Company)

Place Initials Where Applicable:

1. _____ The following changes have been made in ownership, management and/or control of our company since we were last certified/recertified. (*Attach separate sheet if needed to describe these changes.)*

   _____

2. _____ There have been no changes made which affect the firm's ability to meet the minority owned, woman owned, or small business size, ownership or control requirements for certification as prescribed by the Governor's Office of Diversity Business Enterprise authorized under Tennessee Code Annotated §12-3-801et seq.

3. _____ I further state that the company in whose named certification is approved continues to be owned, controlled and operated by the qualifying member for which it was last certified.

4. _____ I do not wish to be recertified at this time.

I affirm, by my signature below that the information contained herein is true and accurate to the best of my knowledge and belief. I understand that completion of this form may not be the sole criteria for determining continued eligibility for certification.

The Governor's Office of Diversity Business Enterprise reserves the right to request additional documentation if necessary in determining ownership and controlling interest of your firm. I also understand that once certified, certification can be terminated in accordance with the rules and regulations of the Governor's Office of Diversity Business Enterprise and may be based upon, but not necessarily limited to the following:

1. Cease of business operation;
2. A finding by the Governor's Office of Diversity Business Enterprise that false information was knowingly supplied in preparing the application; and/or
3. Withholding notice from or failure to provide timely notice to the Governor's Office of Diversity Business Enterprise of the transfer or loss of ownership, management and/or control of the business.

By: _____ _____ _____
Signature of Owner Title Date

_____
Printed Name

Business Name: _____ Vendor Number: _____

This affidavit must be received within 10 days prior to the date of expiration of the current certification. Please mail or fax this form to 312 Rosa L. Parks Avenue, 27th Floor Wm. R. Snodgrass Bldg., Nashville, TN 37243. Fax number is (615)253-4813.

Changes in address and or telephone, cell phone or e-mail address must also be reported to our office. Should your mail be returned to our office for failure to notify us of the above mentioned changes, your certification status as an active certified business may be impaired.

Please **PRINT or TYPE** any changes in contact information as follows:

| | | |
|---|---|---|
| Address Change: From | _____ | To: _____ |
| | _____ | _____ |
| | _____ | _____ |
| Telephone: | _____ | _____ |
| Fax Number: | _____ | _____ |
| E-mail Address | _____ | _____ |