**DBE CHANGE-TO-BUSINESS FORM**

**For Disadvantaged Business Enterprise Firms**

Wisconsin Department of Transportation

DT1012 1/2020

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| In order to comply with the regulations of the Disadvantaged Business Enterprise Program (DBE), the Wisconsin Department of Transportation, requires you to complete this form in the occurrence of a qualifying change. You may be asked for documentation to support these changes.*It is imperative that you submit this form within 30 days of a change to your business. Failure to complete and return this DBE Change-to-Business Form in a timely manner may result in your firm being denied DBE credit for services.\**

|  |  |
| --- | --- |
| Company  | Effective Date of Change  |
|       |       |

 |
| **CHANGE OF BUSINESS NAME OR OWNERSHIP/PERCENTAGES** |
| Previous Name | New Name |
|       |       |
| Owner 1 | Owner % |
|       |       |
| Owner 2 | Owner % |
|       |       |
| Owner 3 | Owner % |
|       |       |
| (For additional owners, include a separate sheet.) |
| **CHANGE OF BUSINESS ADDRESS OR CONTACT INFORMATION** |
| New Facility or Office Location Address |
|       |
| City | State | ZIP Code |
|       |       |       |
| (Area Code) Telephone Number | (Area Code) Mobile Number | (Area Code) FAX Number |
|       |       |       |
| Email |
|       |
| Website |
|       |
|  |
| **CHANGE OF OWNER PERSONAL ADDRESS OR CONTACT INFORMATION** |
| Home Address |
|       |
| City | State | ZIP Code |
|       |       |       |
| (Area Code) Telephone Number | (Area Code) Mobile Number | (Area Code) FAX Number |
|       |       |       |
| Email |
|       |
| **\* Note: Knowingly and willfully providing false information to the Federal government is a violation of 18 U.S.C. Section 1001 (False Statements) and could subject you to fines, imprisonment, or both.** |

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| **POTENTIALLY MATERIAL CHANGES TO THE OWNERS OR COMPANY** |
| **If yes, please check all that apply:** |
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|  |  |
| --- | --- |
| **[ ]**  | Acquire another business |
| [ ]  | Purchase new residence |
| [ ]  | Receipt of inheritance/trust fund |
| [ ]  | New personal employment |
| [ ]  | Marriage/divorce/death |
| [ ]  | Serious medical condition (self/caretaker) |
| [ ]  | Insufficient time to devote to business |
| [ ]  | Members of the board of directors |
| [ ]  | Officers of the company (president, vice-president, managing member, etc) |
| [ ]  | Bylaws or operating agreement |
| [ ]  | Change in management or policy decision-making authority of the DBE owner(s) |
| [ ]  | Business partnerships (i.e. joint venture, formal mentor) |
| [ ]  | Change in disadvantaged status of an owner |
| [ ]  | Any relationship entered into with another firm that could affect your independence |
| [ ]  | New acquisition of ownership interest in a second company, even if it is an unrelated type of work |
| [ ]  | Other:       |
|  |
| Comments: |       |

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|       |       |       |
| (Type or Print Name) | (Title) | (Today’s Date) |

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| ***DBE Change-to-Business form may be mailed, faxed, or emailed:*** |
| Postal Mail: | Wisconsin Department of TransportationAttn: DBE Office6150 W Fond Du Lac AveMilwaukee, WI 53218 |
| FAX: | (414) 438-5392 |
| Email: | DBE\_Alert@dot.wi.gov |
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