



**AFFIDAVIT OF CONTINUED ELIGIBILITY - INDIANA
VETERAN OWNED SMALL BUSINESS ENTERPRISE**

State Form 56252 (2-17)

**DEPARTMENT OF ADMINISTRATION
PROCUREMENT DIVISION**
402 W. Washington St. Rm. W468
Indianapolis, IN 46204

SECTION A BASIC INFORMATION

If additional space is required, submit an attached sheet.

Name(s) of qualifying member(s)	Bidder registration number
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Address (number and street, city, state, and ZIP code)

Name of certified firm

Business telephone number ()	Business e-mail address	Business website address
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SECTION B AFFIDAVIT (Required by 25 IAC 9-7-1)

I affirm, by my signature, that the following statements correctly address issues regarding changes in the circumstances of the certified firm indicated above. (Please check the appropriate box below.)

- There have been no changes to the enterprise's qualifying members, ownership, control requirements, or any other material change to the information provided in its application form, except for changes about which the enterprise has previously notified the department.
- There have been changes to the enterprise's qualifying members, ownership, control requirements, or any other material change to the information provided in its application form. The following changes have taken place: (Please send in supporting documents for any changes.)

I affirm, under the penalties of perjury, that all documents previously submitted to the Indiana Department of Administration (hereinafter referred to as "the Department") in support of previous applications for certification as an Indiana Veteran Owned Business Enterprise (IVOSB) are true and accurate to the best of my knowledge.

Further, I realize that the Department is relying on the accuracy of this information in making decisions regarding my certification, and that in the event that documents or other information supplied to the Department are found to be false, inaccurate or untrue, this shall be grounds for my removal from the program pursuant to 25 IAC 9-7-1.

Signature	Date (month, day, year)
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Printed name	Title
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