Montana Department of Transportation
Office of Civil Rights
DBE/SBE Change Report Form

Please review this form and complete each section that reflects a change to your firm. ***In addition to this form, you must submit the required documents identified by bold, italicized print contained in each section.*** Information provided in this form may raise additional questions that require additional documentation not listed on this form.

SECTION 1: GENERAL INFORMATION

A. New/Revised Contact Information ***(Submit lease/purchase agreement, proof of payment and updated master business license with name change as applicable).***

Contact Person Name _____ Title _____
Legal Name of Firm _____ DBA or Trade Name(s) _____
Phone _____ Other Phone _____
Fax _____ E-mail _____
Website _____
Street Address _____ City _____ State _____ Zip Code _____
Mailing Address _____ City _____ State _____ Zip Code _____

B. New/Revised Business Profile

Federal Tax ID (EIN) from IRS Form SS-4 (xx-xxxxxxx) _____

New Business Structure or Legal Character of Firm:

- ☐ Sole Proprietorship ***(submit proof of ownership)***
- ☐ Partnership ***(submit partnership agreement, proof of ownership & capitalization)***
- ☐ Corporation ***(submit articles of incorporation, bylaws, minutes, stock ledger & certificates, proof of ownership & capitalization)***
- ☐ Limited Liability Partnership ***(submit Certificate of Formation, partnership operating agreement & proof of ownership & capitalization)***
- ☐ Limited Liability Corporation ***(submit Certificate of Formation, operating agreement, minutes & proof of ownership & capitalization)***
- ☐ Joint Venture ***(submit Certificate of Formation - if applicable, Joint Venture Agreement & proof of ownership & capitalization)***
- ☐ Other ***(submit applicable documentation)***

If other, please describe: _____

C. Changes in Relationships with Other Businesses or Entities

Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, employees, or office staff with any business, organization or entity?

☐ Yes ☐ No

If yes, please provide the following:

Name of Other Firm _____

Nature of Shared Facilities _____

Is your firm a subsidiary of any other firm? ☐ Yes ☐ No

Is your firm a partnership in which one or more of the partners are other firms? ☐ Yes ☐ No

Does your firm own any percentage of any other firm? ☐ Yes ☐ No

Does your firm have any subsidiaries? ☐ Yes ☐ No

Does any other firm have an ownership interest in your firm at present? ☐ Yes ☐ No

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If you answered yes to any questions in section C above, please identify the following for each (attach extra sheets, if necessary):

Name	Address	Type of Business

D. Immediate Family Member Businesses

Do any of your immediate family members (father, mother, husband, wife, son, daughter, brother, sister, grandfather, grandmother, father-in-law, mother-in-law, sister-in-law or brother-in-law) now own or manage another company? ☐ Yes ☐ No

If yes, please list (attach extra sheets if necessary):

Name	Relationship	Company	Type of Business	Own or Manage?

E. Loans

Identify all sources, amounts and purposes for money loaned to your firm, including the names of any persons or firms securing the loan, if other than the listed owner ***(copy of each loan with proof of payments)***:

Source Name	Source Address	Name of Person Securing Loan	Original Amount	Current Balance	Purpose of Loan

F. Loss of Owner(s) or Key Personnel

Please fill out the table below for each owner or key person no longer with the firm (attach additional sheets as necessary). Please note that the loss of key personnel may result in other changes (business structure, duties of other personnel, ownership interest, etc.), please complete additional sections as necessary and provide related documentation.

Name	Owner	Officer	Director	Shareholder	Manager	Member	Partner	Principal	Other
	☐	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐	☐

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SECTION 2: OWNERSHIP/CONTROL OF THE FIRM

Identify all individuals, businesses or holding companies with any new ownership interest in your firm, providing the information requested below (if more than one new owner, attach additional sheets):

A. Background Information

Name _____ Title _____

Phone _____ Address _____

U.S. Citizen ☐ Yes ☐ No Lawfully Admitted for Permanent Residence ☐ Yes ☐ No ☐ N/A (U.S. Citizen)

B. Ownership Interest

I have owned this firm since _____ Percentage Owned _____

Familial relationship to other owners _____

Initial Investment to acquire ownership interest in firm:

Type	Dollar Value
Cash	
Real Estate	
Equipment	
Other	

If other, please explain: _____

Method of acquisition (check all that apply):

Started New Business	☐
Purchased Existing Business	☐
Inherited Business	☐
Secured Concession	☐
Merger or Consolidation	☐
Other	☐

If other, please explain: _____

Shares of stock ***(provide stock certificates and stock ledger):***

Shareholder Name	Number	Percentage	Class	Date Acquired	Method Acquired

Does this owner perform a management or supervisory function for any other business? ☐ Yes ☐ No

If yes, please identify: Name of Business _____ Function/Title _____

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Does this owner work for or own any other firm(s) that has a relationship with this firm (e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? ☐ Yes ☐ No

If yes, please identify: Name of Business _____ Function/Title _____

C. Disadvantaged Status - NOTE: This section is only required for owners applying for DBE qualification (i.e. for each owner claiming to be socially and economically disadvantaged).

Complete the Personal Net Worth (PNW) Form and attach the last three years of federal personal tax returns.

Has anything changed that requires an update to your Personal Narrative? ☐ Yes ☐ No

If yes, please attach a new Personal Narrative.

Has any trust been created for the benefit of this disadvantaged owner(s)? ☐ Yes ☐ No

If yes, please explain ***(provide trust documentation)***

D. Transfers of Assets to/from Firm

List all contributions or transfers of assets to/from your firm and to/from any of its new owners over the past two years (attach additional sheets as needed):

Contribution/Asset	Dollar Value	Transferred from	Transferred to	Relationship	Date of Transfer

E. Duties of Owners, Officers, Directors, Managers and Key Personnel

Complete the table for all owners, officers, directors, managers and key personnel. Enter the person's name for each duty they perform. ***Attach resumes for each new owner and non-owner identified below.***

Setting Firm Policy						
Bidding & Estimating						
Major Purchasing						
Marketing & Sales						
Field Supervision						
Office Supervision						
Hiring & Firing						
Spending/Investing						
Check Signing						
Contracting/Bonding						

For each person identified above, provide the following:

Full Name	Title	Percent Owned	Annual Salary	Other Benefits

Does anyone listed above perform a management or supervisory function for any other business? ☐ Yes ☐ No

If yes, please identify: Person _____ Business _____ Title/Function _____

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Does anyone listed in section E above own or work for any other firm(s) that has a relationship with this firm (e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)?
Yes ☐ No ☐
If yes, identify: Person _____ Business _____
Nature of Relationship _____

SECTION 3: BUSINESS DESCRIPTION CHANGES

A. Business Activities
Describe the revised business activities of your firm ***(provide a revised resume for eligible owner(s) demonstrating technical expertise in new activities)***

Provide additional requested NAICS

B. Inventory
Equipment ***(Provide proof of ownership or lease agreement, insurance, proof of payment and title & registration, if applicable.)***

Type of Equipment/Vehicle	Make/Model	Current Value	Owned or Leased?

Office, storage, yard, warehouse space ***(provide proof of ownership or lease agreement & proof of payment)***

Type of Space	Street Address	Owned or Leased?	Current Value of Property or Lease Amount

Does your firm rely on any other firm for management functions, equipment, employees or payroll?
☐ Yes ☐ No
If yes, explain ***(provide copies of contracts)***

C. Jobs, Contracts, Bid Submittals
List up to three jobs, contracts or bid submittals on which your firm has executed in the new activities ***(submit copies of contracts/bids/invoices)***

Name of Prime Contractor	Project #	Type of Work	Project Start Date	Anticipated Completion Date	Location of Project	Dollar Value of Contract

Section 4: PERSONAL CHANGES

A. Personal Net Worth
Have your assets or liabilities changed since last reported? ☐ Yes ☐ No
If yes, complete the Personal Net Worth form.

See next page: Submission and Signature

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Please sign and return this form to:

Montana Department of Transportation
Civil Rights Bureau DBE/SBE Program
PO Box 201001
Helena, MT 59620

Email: mdtdbeprogram@mt.gov or mdtsbeprogram@mt.gov

*Note: Email is not a secure way of submitting documentation. Please only use email when the documentation does not contain sensitive information. To electronically submit, please upload the documents to the secure file transfer system located here: **https://transfer.mt.gov/Home/Login**. When prompted, enter one of the email addresses above.

Signature **Date**