SCHEDULE C VERIFICATION OF NO CHANGE

STATE OF _			
COUNTY/PA	ARISH OF		
BEF aforesaid, per	ORE ME, the undersigned sonally came and appeared	I notary public, duly authorized in and for the state and	d county/parish
	g duly sworn did depose and	Name of Owner	
who mist bein		·	
1.	His/her business,	Name of Firm , was certified by the	he New Orleans
Aviation Boar	rd on		
2. anniversary	of certification, there	months which have passed since certification or since to the have been no changes in the circumages which affect its ability to meet the size, disadvantaged st	mstances of
or control req	Name of Firm uirements of 49 C.F.R. Part 2	26.	
3.		aterial changes in the information provided in the appli other than changes of which she/he has already notified the	
Aviation Boar	Name of Firm rd, pursuant to the requiremen		
4.		continues to meet the Small Business	Administration
	Name of 1	Firm	
business size	criteria and the overall gross	Name of Firm	o not exceed the
gross receipts	cap set forth in 49 C.F.R. Par		
5. receipts of	The attached documenta	ation is accurate and supports his/her declaration of the	size and gross
	Name of Firm		
SWC	ORN TO AND SUBSCRIBEI	D before me this, day of	,
		NOTARY PUBLIC	
			(Seal)
My commissi	on expires		