

INTERSTATE CERTIFICATION REQUEST FORM

A. Prior/Other Certifications

Is your firm currently certified for the DBE Program	<input type="checkbox"/> DBE	Name of certifying agency:
		Has your firm's state UCP conducted an on-site visit? <input type="checkbox"/> Yes, on ___/___/___ State _____ <input type="checkbox"/> No
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic group membership (check all that apply):	
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American	
Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Asian Pacific <input type="checkbox"/> Subcontinent Asian	
	<input type="checkbox"/> Other (specify) _____	

B. Prior/Other Applications and Privileges

<p>Has your firm (under any name) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application for any of the DBE program or ever been denied certification, decertified, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity?</p> <p><input type="checkbox"/> Yes, on ___/___/___ <input type="checkbox"/> No</p> <p>If Yes, identify State and name of state, local, or Federal agency and explain the nature of the action:</p>

GENERAL INFORMATION

A. Contact Information

(1) Contact person and Title:	(2) Legal name of firm:		
(3) Phone #:	(4) Other Phone #:	(5) Fax #:	
(6) E-mail:	(7) Website (if applicable):		
(8) Street address of firm (<u>No</u> P.O. Box Allowed): City: _____ County/Parish: _____ State: _____ Zip: _____			
(9) Mailing address of firm (if different): City: _____ County/Parish: _____ State: _____ Zip: _____			

B. Business Profile

(1) Describe the primary activities of your firm:	(2) Federal Tax ID (if any):
(3) This firm was established on _____	(4) I/We have owned this firm since: _____
(5) Method of acquisition (check all that apply):	

- Started new business
 Bought existing business
 Inherited business
 Secured concession
 Merger or consolidation
 Other (*explain*)

INTERSTATE CERTIFICATION INFORMATIONAL REVIEW

(PLEASE PROVIDE A-H)

<ul style="list-style-type: none"> a. A current Personal Net Worth statement if more than 90 days old; b. Individual federal tax returns for the last 2 tax years; c. Firm's federal tax returns for the last 3 years; d. A copy of the latest letter of certification from its Home State e. By-Laws f. Operating Agreements g. Balance Sheet Or Income Statement for the last tax year; h. Affidavit of disclosure 	<ul style="list-style-type: none"> a. Provided by firm b. Provided by firm c. Provided by firm d. Provided by firm e. Provided by firm f. Provided by firm g. Provided by firm h. Provided by firm
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(7) Type of firm (*check all that apply*):

- Sole Proprietorship
- Partnership
- Corporation
- Limited Liability Partnership
- Limited Liability Corporation
- Joint Venture
- Other, Describe: _____

(8) Has your firm ever existed under different ownership, a different type of ownership, or a different name?

- Yes No

If Yes, explain:

(9) Number of employees: Full-time _____ Part-time _____ Total _____

(10) Specify the gross receipts of the firm for the previous year: _____ Total receipts \$ _____