

**MINORITY AND WOMEN BUSINESS ENTERPRISE APPLICATION\*\***

CR-0001A (REV 7/2004)

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested information is voluntary. The principle purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct inquiries on information maintenance to your IPA Officer.

SMBE  
 SWBE Check One

\*FAILURE TO INCLUDE SOCIAL SECURITY NUMBERS MAY DELAY THE CERTIFICATION PROCESS.

1. NAME OF FIRM

DOING BUSINESS AS		CALTRANS CERTIFICATION NUMBER	
PHYSICAL ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS	CITY	STATE	ZIP

2. MAJORITY OWNER(S) NAME	SOCIAL SECURITY NUMBER*
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3. BUSINESS PHONE NUMBER (LIST ONLY ONE)	FAX NUMBER
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4. IS THE BUSINESS STREET ADDRESS OR THE BUSINESS PHONE NUMBER THE SAME AS THE RESIDENCE ADDRESS OR PHONE NUMBER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN IN ITEM 25 OR ATTACH AN ADDITIONAL SHEET
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5. CONTROLLING INTEREST (CHECK APPROPRIATE BOXES)

a. GROUP MEMBERSHIP

<p><b>ASIAN-PACIFIC</b></p> <input type="checkbox"/> Burma (Myanmar) <input type="checkbox"/> Brunei <input type="checkbox"/> Cambodia (Kampuchea) <input type="checkbox"/> China <input type="checkbox"/> Federated States of Micronesia <input type="checkbox"/> Fiji <input type="checkbox"/> Guam <input type="checkbox"/> Hong Kong <input type="checkbox"/> Indonesia <input type="checkbox"/> Japan <input type="checkbox"/> Juvalu <input type="checkbox"/> Kirbati <input type="checkbox"/> Korea <input type="checkbox"/> Laos	<input type="checkbox"/> Macao <input type="checkbox"/> Malaysia <input type="checkbox"/> Northern Marianas <input type="checkbox"/> Nauru <input type="checkbox"/> Philippines <input type="checkbox"/> Samoa <input type="checkbox"/> Taiwan <input type="checkbox"/> Thailand <input type="checkbox"/> Tonga <input type="checkbox"/> U.S. Trust Territories of the Pacific Islands (Republic of Palau) <input type="checkbox"/> Vietnam	<input type="checkbox"/> India <input type="checkbox"/> Maldives Islands <input type="checkbox"/> Nepal <input type="checkbox"/> Pakistan <input type="checkbox"/> Sri Lanka	<input type="checkbox"/> Portugal <input type="checkbox"/> Puerto Rico <input type="checkbox"/> Spain	<p>b. U.S. CITIZEN</p> <input type="checkbox"/> YES <input type="checkbox"/> NO
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<input type="checkbox"/> BLACK AMERICANS  <input type="checkbox"/> CAUCASIANS  <input type="checkbox"/> HISPANIC AMERICANS (Regardless of Race) <input type="checkbox"/> Cuba <input type="checkbox"/> Central or South America <input type="checkbox"/> Dominican Republic <input type="checkbox"/> Mexico	<p><b>NATIVE AMERICANS</b></p> <input type="checkbox"/> Aleuts <input type="checkbox"/> American Indians <input type="checkbox"/> Eskimos <input type="checkbox"/> Native Hawaiians	<p>c. PERMANENT RESIDENT</p> <input type="checkbox"/> YES <input type="checkbox"/> NO
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<input type="checkbox"/> SOCIALLY AND ECONOMICALLY DISADVANTAGED INDIVIDUALS  <input type="checkbox"/> OTHER	<p>d. GENDER</p> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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*DOCUMENTED EVIDENCE MAY BE REQUESTED TO SUPPORT EACH OWNER'S CLAIM OF MINORITY OR DISADVANTAGED STATUS.*

6. TYPE OF OWNERSHIP (CHECK ONE)

SOLE PROPRIETORSHIP     CORPORATION     PARTNERSHIP     LIMITED LIABILITY COMPANY

DATE BUSINESS STARTED	DATE INCORPORATED	STATE	DATE OF AGREEMENT
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7. NATURE OF THIS FIRM'S BUSINESS