



**CALIFORNIA
UNIFIED CERTIFICATION PROGRAM**

**DBE
RENEWAL
APPLICATION**

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 personal information is voluntary. The principal 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 any inquiries on information maintenance to the IPA Officer.

| | | | |
|---|---|--|--|
| 1. NAME OF FIRM | | 2. FILE NUMBER | |
| FIRM'S ADDRESS (Physical) | | CITY | STATE ZIP CODE |
| FIRM'S ADDRESS (Mailing) | | CITY | STATE ZIP CODE |
| 3. MAJORITY OWNER(S) | | 4. BUSINESS PHONE | BUSINESS FAX |
| 5. IS THE BUSINESS STREET ADDRESS OR PHONE NUMBER THE SAME AS THE RESIDENCE? | | YES | NO |
| 6. HAS THE OWNERSHIP OR CONTROL OF THE COMPANY CHANGED? | | YES | NO |
| If Yes, please call the phone number below to obtain a complete Certification Application or access Caltrans' Internet Address at: www.dot.ca.gov/hq/bep to download the application. | | | |
| 7. NAME OF LICENSEE | | LICENSE NUMBER - PLEASE SUBMIT COPY OF CURRENT LICENSE(S) | |
| 8. INDICATE THE COMPANY'S GROSS RECEIPTS FOR THE LAST YEAR: | | YEAR ENDING | |
| | | \$ | |
| 9. NUMBER OF CURRENT EMPLOYEES: | | FULL TIME | PART TIME |
| 10. DOES THE COMPANY SHARE SPACE, EMPLOYEES, EQUIPMENT OR FINANCING WITH ANY OTHER COMPANY? | | YES NO | IF YES, EXPLAIN IN A SEPARATE ATTACHMENT |
| 11. HAVE THE OFFICEHOLDERS OF THE COMPANY CHANGED? | | YES NO | IF YES, EXPLAIN IN A SEPARATE ATTACHMENT |
| 12. HAS THE BOARD OF DIRECTORS CHANGED? | | YES NO | NAME OF CHAIRMAN |
| 13. Are you currently certified with any other agencies as a DBE? | | YES NO | If yes, attach copy(ies) of certificate(s) |
| 14. SUBMIT THE FOLLOWING DOCUMENTS FOR: (Failure to submit documents requested with this application may result in the expiration of your certification) | | | |
| SOLE PROPRIETOR: | MOST RECENTLY FILED 1040 TAX FORM WITH ALL SCHEDULES | | |
| PARTNERSHIP: | 1) MOST RECENTLY FILED 1065 TAX FORM; 2) MOST RECENTLY FILED 1040 TAX FORMS WITH ALL SCHEDULES; & 3) MINUTES | | |
| CORPORATION: | 1) MOST RECENTLY FILED 1120 TAX FORM; 2) MOST RECENTLY FILED 1040 TAX FORMS WITH ALL SCHEDULES; & 3) MINUTES | | |
| LIMITED LIABILITY CO. | 1) MOST RECENTLY FILED 1065/1120 TAX FORMS; 2) MOST RECENTLY FILED 1040 TAX FORMS WITH ALL SCHEDULES; & 3) MINUTES | | |
| 15. The undersigned swears, under perjury, that the foregoing statements are true and correct and further states that he/she is properly authorized by, | | | |
| Name of Firm | | , to execute the affidavit and does so as his/her free act and deed. | |
| PRINTED NAME | | SIGNATURE | |
| TITLE | | DATE | |
| NOTARY | | | |
| The foregoing affidavit was subscribed and sworn to me before me on this _____ day of _____, _____ by | | | |
| NAME | | | |
| NOTARY PUBLIC | | COMMISSION EXPIRES | |

Mail completed application and supporting documentation to:

NOTARY PUBLIC SEAL

DEPARTMENT OF TRANSPORTATION
CIVIL RIGHTS- 79
1823 14TH STREET
SACRAMENTO, CA 95814

Should you have any questions, please call 916 324-1700