

CALIFORNIA UNIFIED CERTIFICATION PROGRAM (CUCP)



DBE RENEWAL APPLICATION

1. NAME OF FIRM	2. FIRM I.D. NUMBER	BUSINESS EMAIL ADDRESS:	
FIRM'S ADDRESS (<i>Physical</i>)	CITY	STATE	ZIP CODE
FIRM'S ADDRESS (<i>Mailing</i>)	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' Website 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?		NAME OF CHAIRMAN	
YES NO			
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 removal of your firm's 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		
1. 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

(Agency)
(Department)
(Address)
(City, State Zip)

Should you have any questions, please call (phone number).