STATE OF CALIFORNIA • BUSINESS, TRANSPORTATION AND HOUSING AGENCY

DEPARTMENT OF TRANSPORTATION
CIVIL RIGHTS
1823 14th STREET - MS-79
SACRAMENTO, CA 95814
(916) 324-1700
(916) 324-1882 FAX
(916) 324-2252 TTY
(866) 810-6346 TOLL FREE

Date:

Dear Business Owner:

This letter is to remind you that your State Re-Certification Application, for SMBE/SWBE with required supporting documents, is due to the Department of Transportation (Department), Civil Rights by your certification expiration date of _____.

However, sufficient time is needed to review and process your documents before your expiration date. If you wish to **avoid a lapse** in your certification, you must return your Re-Certification Application and required supporting documents to the Department at the address listed below:

Department of Transportation
Civil Rights - MS 79
1823 14th Street
Sacramento, CA 95814

The supporting documents will be used solely to make a determination regarding the continuing eligibility of your firm for certification in the SMBE/SWBE Program. Please be aware that the information you submit may be shared with other organizations whose legal authority provides access to this information. In addition, the public may request access to any information not protected under the National Public Records Act or the California Public Records Act.

If you have any questions please contact the Certification Unit at (916) 324-1700 or Toll Free (866) 810-6346.

Sincerely,

RITA A. NELSON, Chief
Office of Certification

STATE OF CALIFORNIA + DEPARTMENT OF TRANSPORTATION

CIVIL RIGHTS SMBE/SWBE RECERTIFICATION APPLICATION

CR-0005 (REV 6/2003)

Check One ☐ SMBE ☐ SWBE

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 Caltrans at (916) 324-1700 Toll Free (866) 810-6346 to obtain a 6-page Certification Application or access our Internet Address at: http://www.dot.ca.gov/hq/bep to download the application. **NOTE:** This SMBE/SWBE RECERTIFICATION APPLICATION can also be downloaded from our Internet Address.

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 CHANGES IN A SEPARATE ATTACHMENT

11. HAVE THE OFFICE HOLDERS OF THE COMPANY CHANGED? ☐ YES ☐ NO IF YES, LIST ANY CHANGES IN A SEPARATE ATTACHMENT

12. HAS THE BOARD OF DIRECTORS CHANGED? ☐ YES ☐ NO | NAME OF CHAIRMAN

13. SUBMIT THE FOLLOWING DOCUMENTS FOR: (Failure to submit documents requested with this application may result in the expiration of your certification)

SOLE PROPRIETOR:	☐ BANK SIGNATURE CARD	☐ 1040 TAX FORM WITH ALL SCHEDULES	
PARTNERSHIP:	☐ BANK SIGNATURE CARD	☐ 1065 TAX FORM & 1040 TAX FORMS WITH ALL SCHEDULES	☐ MINUTES
CORPORATION:	☐ BANK SIGNATURE CARD	☐ 1120 TAX FORM & 1040 TAX FORMS WITH ALL SCHEDULES	☐ MINUTES
LIMITED LIABILITY CO.	☐ BANK SIGNATURE CARD	☐ 1065/1120 TAX FORM & 1040 TAX FORMS WITH ALL SCHEDULES	☐ MINUTES

14. 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 before me on this _____ day of _____ , _____ by

NAME

NOTARY PUBLIC _____ COMMISSION EXPIRES _____

Mail completed questionnaire to:

Caltrans Civil Rights, MS-79
1823 14th Street
Sacramento, CA 95814

NOTARY PUBLIC SEAL

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814