



## INTERSTATE CERTIFICATION REQUEST FORM

### A. Prior/Other Certifications

|  |  |   |
|--|--|---|
| Is your firm currently certified for the DBE Program in your home state?   | <input type="checkbox"/> DBE<br><input type="checkbox"/> ACDBE   | Name of certifying agency:  |
|  |  | Has your firm's state UCP conducted an on-site visit?<br><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):<br><input type="checkbox"/> Black <input type="checkbox"/> Hispanic<br><input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific<br><input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Other (specify) _____ |   |
| Are you a U.S. Citizen or a lawfully admitted Permanent U.S. Resident:<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |

### B. Prior/Other Applications and Privileges

Has your firm (under any name) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application for the DBE program with any state, or ever been denied certification, decertified, or debarred or suspended or otherwise had bidding privileges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?

Yes, on \_\_\_/\_\_\_/\_\_\_                     No

If Yes, identify State and name of state, local, or Federal agency and explain the nature of the action:

## GENERAL INFORMATION

### C. 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:               |

### D. Business Profile

|   |                                      |
|---|--------------------------------------|
| (1) Concise description of firm's primary activities. This description may be used in our database online directory:  | (2) Applicable NAICS Code(s):        |
|   |                                      |
| (3) This firm was established on:   | (4) I/We have owned this firm since: |
| (5) Method of acquisition ( <i>check all that apply</i> ):  |                                      |
| <input type="checkbox"/> Started new business <input type="checkbox"/> Bought existing business <input type="checkbox"/> Inherited business <input type="checkbox"/> Secured concession<br><input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Other ( <i>explain</i> ) |                                      |

**INTERSTATE CERTIFICATION INFORMATIONAL REVIEW**  
**(PLEASE PROVIDE ALL DOCUMENTS CHECKED AND IN RED)**

|                                     |  |                  |
|-------------------------------------|--|------------------|
| <input checked="" type="checkbox"/> | <b>A current Personal Net Worth statement if more than 90 days old;</b>  | Provided by firm |
|                                     | <b>Individual federal tax returns for the last 2 tax years;</b>          | Provided by firm |
| <input checked="" type="checkbox"/> | <b>Firm's federal tax returns for the last year;</b>                     | Provided by firm |
| <input checked="" type="checkbox"/> | <b>A copy of the latest letter of certification from its Home state;</b> | Provided by firm |
|                                     | <b>By-Laws or Operating Agreements;</b>                                  | Provided by firm |
|                                     | <b>Balance Sheet And/Or Income Statement for the last tax year;</b>      | Provided by firm |
| <input checked="" type="checkbox"/> | <b>Affidavit of disclosure (On Website)</b>                              | Provided by firm |

|   |
|---|
| (7) Type of firm ( <i>check all that apply</i> ):   |
| <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation<br><input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Joint Venture<br><input type="checkbox"/> Other, Describe: _____ |
| (8) Has your firm ever existed under different ownership, a different type of ownership, or a different name?   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, explain: _____  |
| (9) Number of employees:      Full-time _____ Part-time _____ Total _____   |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**THE REQUEST FORM AND REQUIRED DOCUMENTS SHOULD BE SENT TO:**

**Maine Department of Transportation, Civil Rights Office, State House Station 16, Augusta Maine 04333 or e-mailed to [mary.bryant@maine.gov](mailto:mary.bryant@maine.gov)**