



INTERSTATE CERTIFICATION REQUEST FORM

A. Jurisdiction of Certification (location of principal place of business)

Name of certifying agency:				
Has your Firm's State UCP conducted an on-site visit?				
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">Yes</td> <td style="width: 25%; border: none;">On:</td> <td style="width: 25%; border: none;">State:</td> <td style="width: 25%; border: none;">No</td> </tr> </table>	Yes	On:	State:	No
Yes	On:	State:	No	
Original anniversary/certification date:				
Besides your principal place of business listed above, what other States/Agencies are you certified with?				

B. General Information

Firm's Legal Name:												
Contact Person:												
Contact Person Title:												
Firm's Physical Address:												
Firm's Mailing Address: <i>(if different)</i>												
Firm's Telephone Number:												
Firm's Fax Number:												
Firm Email Address:												
Firm Website Address:												
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Ethnic Group Membership:</td> <td style="width: 25%; text-align: center;">Black</td> <td style="width: 25%; text-align: center;">Native American</td> <td style="width: 17%; text-align: center;">Hispanic</td> </tr> <tr> <td></td> <td style="text-align: center;">Asian Pacific</td> <td style="text-align: center;">Subcontinent Asian</td> <td style="text-align: center;">Caucasian</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">Other</td> </tr> </table>	Ethnic Group Membership:	Black	Native American	Hispanic		Asian Pacific	Subcontinent Asian	Caucasian				Other
Ethnic Group Membership:	Black	Native American	Hispanic									
	Asian Pacific	Subcontinent Asian	Caucasian									
			Other									

C. Business Profile

Concise description of firm’s primary activities. This description may be used in our database online directory:
All Current NAICS Codes:

(PLEASE PROVIDE ALL DOCUMENTS CHECKED AND IN RED)

<input checked="" type="checkbox"/>	A short cover letter on Firm letterhead detailing information on all States/Agencies Firm is DBE certified in;	To be Provided by Firm
<input checked="" type="checkbox"/>	Declaration of Eligibility (DOE) (On Website)	To be Provided by Firm

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-mail to mary.bryant@maine.gov