



MaineDOT

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?			
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:			
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