DEPARTMENT OF TRANSPORTATION CIVIL RIGHTS 1823 14th STREET - MS-79 SACRAMENTO, CA 95814 (916) 324-1700 (916) 324-1862 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)		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					
Check One		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 MULANER			<u></u>		
FIRM'S ADDRESS (Physical)		CITY		STATE	ZIP COD	E	
FIRM'S ADDRESS (Mailing)		CITY		STATE	ŽIP COD	E	
3. MAJORITY OWNER(S)		4. BUSINESS PHONE	E	USINESS F	AX		
5. IS THE BUSINESS STREET ADDRES	SS OR PHONE NUMBER THE SAM	E AS THE RESIDENCE?			YES	NO	
 HAS THE OWNERSHIP OR CONTRO If yes, please call Caltrans at (916) 32 http://www.dot.ca.gov/hq/bep to down our Internet Address. 			Application or ac	cess our Inte CATION can a	YES ernet Address also be down	NO s at: nloaded from	
7. NAME OF LICENSEE		LICENSE NUMBER - PI	LEASE SUBMIT	COPY OF CU	IRRENT LIC	ENSE(S)	
		YEAR ENDING					
8. INDICATE THE COMPANY'S GROSS		\$					
9. NUMBER OF CURRENT EMPLOYEE		FULL TIME	F	PART TIME			
10. DOES THE COMPANY SHARE SPA FINANCING WITH ANY OTHER COM			IF YES, EXF		GES IN A SI	EPARATE	
11. HAVE THE OFFICE HOLDERS OF T				T ANY CHAN	NGES IN A S	EPARATE	
12. HAS THE BOARD OF DIRECTORS		NAME OF CHAIRMAN	ATTACH			_	
13. SUBMIT THE FOLLOWING DOCUME		nts requested with this applica	ution may result in t	he expiration of	of your certific	cation)	
SOLE PROPRIETOR: BANK SIGI		X FORM WITH ALL SCHE					
PARTNERSHIP: BANK SIGI	NATURE CARD	X FORM & 1040 TAX FOR	MS WITH ALL SO	HEDULES		INUTES	
CORPORATION: BANK SIG		X FORM & 1040 TAX FOR				INUTES	
_		20 TAX FORM & 1040 TAX			-	INUTES	
14. The undersigned swears, under perju	rry, that the foregoing statements are	true and correct and furthe	er states that he/sl	ne is properly	authorized	oy,	
Name of Firm		, to execute the affidavi	t and does so as	his/her free a	ct and deed.	6	
PRINTED NAME		SIGNATURE					
TITLE		1		[DATE		
NOTARY							
The foregoing affidavit was subsc	ribed and sworn to before me	on this day	/ of	/	by		
NAME							
NOTARY PUBLIC		COM	MMISSION EX				
Mail completed questionnaire to:		NOTARY PUBLIC S	SEAL				
Caltrans Civil Rights, MS-79 1823 14th Street Sacramento, CA 95814							
Po Matter For individuals with sensory	disabilities, this document is available in a	lternate formats. For informatic	on call (916) 654-64	10 or TDD (916	5) 654-3880 oi	write Records	

ADA Motion 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 Hecc
ADA Notice and Forms Management, 1120 N Street,	MS-89, Sacramento, CA 95814.		