

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?			<input type="checkbox"/> YES <input type="checkbox"/> NO
6. HAS THE OWNERSHIP OR CONTROL OF THE COMPANY CHANGED?			<input type="checkbox"/> YES <input type="checkbox"/> 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?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN CHANGES IN A SEPARATE ATTACHMENT
11. HAVE THE OFFICE HOLDERS OF THE COMPANY CHANGED?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST ANY CHANGES IN A SEPARATE ATTACHMENT
12. HAS THE BOARD OF DIRECTORS CHANGED?		<input type="checkbox"/> YES <input type="checkbox"/> 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: <input type="checkbox"/> BANK SIGNATURE CARD | <input type="checkbox"/> 1040 TAX FORM WITH ALL SCHEDULES |
| PARTNERSHIP: <input type="checkbox"/> BANK SIGNATURE CARD | <input type="checkbox"/> 1065 TAX FORM & 1040 TAX FORMS WITH ALL SCHEDULES <input type="checkbox"/> MINUTES |
| CORPORATION: <input type="checkbox"/> BANK SIGNATURE CARD | <input type="checkbox"/> 1120 TAX FORM & 1040 TAX FORMS WITH ALL SCHEDULES <input type="checkbox"/> MINUTES |
| LIMITED LIABILITY CO. <input type="checkbox"/> BANK SIGNATURE CARD | <input type="checkbox"/> 1065/1120 TAX FORM & 1040 TAX FORMS WITH ALL SCHEDULES <input type="checkbox"/> 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