



**DISADVANTAGED BUSINESS ENTERPRISE (DBE/ACDBE)
REQUEST FOR INTERSTATE CERTIFICATION**

Please complete all sections. Incomplete information will be returned to the applicant. Failure or refusal to provide the information is grounds for a denial or removal of certification as per [49 CFR Part 26](#). Any material or false statement made in connection with this application is also sufficient cause for denial of certification, revocation of a prior approval, initiation of suspension or debarment proceedings, and may subject the person and/or entity making the false statement to any and all civil and criminal penalties available pursuant to applicable federal and state law.

If you have questions or need assistance completing this form, please contact the office at DBEcertifications@dot.nh.gov.

Submit your completed form to DBEcertifications@dot.nh.gov or mail it to: NHDOT DBE Certifications, 7 Hazen Drive, PO Box 483, Concord, NH 03302-0483.

**BUSINESS INFORMATION
(All fields required)**

Name of Firm: _____ FEIN Number: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____)____-____ Fax: (____)____-____

E-Mail: _____ Website: _____

Business Principal Office Address: _____

Business Structure (**Choose One**):

- Corporation Sole Proprietor Limited Liability Corporation (LLC)
- Limited Liability Partnership (LLP) Partnership

NAICS Codes: _____, _____, _____, _____, _____, _____, _____, _____

Number of Employees for the **last three (3) years**:

Year _____ Full Time _____ Part Time _____ Total _____

Year _____ Full Time _____ Part Time _____ Total _____

Year _____ Full Time _____ Part Time _____ Total _____

Annual Gross Receipts for the **last three (3) years** (exact values):

Year _____ Gross Receipts of DBE Firm \$ _____ Gross Receipts of Affiliate Firms \$ _____

Year _____ Gross Receipts of DBE Firm \$ _____ Gross Receipts of Affiliate Firms \$ _____

Year _____ Gross Receipts of DBE Firm \$ _____ Gross Receipts of Affiliate Firms \$ _____

Please list all your affiliates and number of affiliate's Employees for the **last three (3) years**:

Affiliate Firm Name: _____

Year _____ Full Time _____ Part Time _____ Total _____

Affiliate Firm Name: _____

Year _____ Full Time _____ Part Time _____ Total _____

Affiliate Firm Name: _____

Year _____ Full Time _____ Part Time _____ Total _____

(If you have more than three affiliates, please list their names on an additional piece of paper.)

DISADVANTAGED OWNER(S) INFORMATION
(All fields Required)

Certification Requested: DBE ACDBE

Gender: Male Female

U.S. Citizenship: **Choose One** U.S. Citizen: Lawfully Admitted Permanent Resident:

Ethnic Group Membership: Black Hispanic Subcontinent Asian Asian Pacific

Native American Caucasian Other (Specify) _____

Business Owner Signature: _____ Ownership % _____ Date: _____

Business Owner Signature: _____ Ownership % _____ Date: _____

Business Owner Signature: _____ Ownership % _____ Date: _____

Business Owner Signature: _____ Ownership % _____ Date: _____