



REQUEST FOR NAICS CODE MODIFICATION FOR NEW HAMPSHIRE BASED DBE CERTIFIED FIRMS (Out-of-state firms must contact their homestate certifier)

A certified Disadvantaged Enterprise Business (DBE) that has a principal place of business in New Hampshire and that can demonstrate that it has previously and/or currently sells or provides new products and/or services for which it has not been previously certified, may request a modification of its North American Industry Classification System (NAICS) codes that correspond to the products and/or services that the DBE can demonstrate it has previously and/or currently sells or provides. Certification is given only for specific types of work in which the DBE owners have the ability to control the firm (49 CFR 26.71). DBE firms whose principal place of business is not in New Hampshire, must submit their requests for modification to their homestate and provide NHDOT with their updated DBE certification letters prior to NHDOT is able to make the change in the firms' company provide or the [DBE Directory](#).

NAICS codes expansion requests that represent or include work codes for products or services that are subcontracted by the DBE to another business or an affiliate, will not be considered. Requests to add a code is subject to review. The firm must meet the Small Business Administration (SBA) size standards or the DBE program threshold to be eligible. If the requested code(s) does not adequately describe the kind of work that the firm has demonstrated that it can control, NHDOT will contact the firm to recommend an appropriate NAICS code.

Requests to add and/or delete NAICS codes to/from their profile/certification, require the disadvantaged business owner of the firm to complete and sign this form and submit it to NHDOT along with verification that the company has or is currently providing the products and/or services covered by the requested code(s). Examples of verification are invoices, copies of contracts, lease agreements, purchase orders, payments, bids, proposals, copies of special license(s) pertaining to the requested service(s), list of equipment used to perform the requested service(s) including specialized software and other available documentation that verifies the performance of the requested service(s).

- If you are requesting a NAICS code as any type of supplier, attach proof of warehouse and facility ownership, as well as proof that the products you wish to sell are procured through independent and commercially acceptable practices, list of inventories, vendor agreements or copies of invoices from vendors for products that are retailed.
- If you are requesting a NAICS code as any type of wholesale/broker firm, attach proof of wholesale/distributor agreements, copies of invoices from vendors for products being wholesale.
- If you are requesting a NAICS code as a trucking firm, attach permits for each trucks owned and/or operated by the firm, Commercial Driver's License (CDL) for all drivers, insurance agreements for each truck owned/and or operated by the firm, title and registration certificates for each truck owned/and or operated by the firm.

If a state or federal license is required to sell a product or perform a service, please provide a current copy of the firm's license. Requests must be submitted to dbecertifications@dot.nh.gov or by mail to: NHDOT, Attention: OAOC DBE Certifications, P.O. Box 483, 7 Hazen Drive, Concord, NH 03302-0483.

Incomplete requests will not be considered. Once all requested documentation has been received, NHDOT will contact the applicant firm to conduct any follow-up and perform an on-site review or conduct a virtual interview as appropriate.



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 Owner Name: _____

Annual Gross Receipts: _____ Number of Employees: _____

Affiliates (if any, if not write n/a): _____

Annual Gross Receipts of Affiliate Firms: _____ Number of Employees: _____

Does your Personal Net Worth currently exceed \$1,320,000 (excluding ownership interest in the firm and the equity in his/her primary residence)?
Yes No

Please list the NAICS code(s) you wish to add to your certification. Your firm must be providing the products and/or services covered by these codes.

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

**Please remember to attach verification showing that the firm
has and/or is providing the products and/or services.**

Please list the NAICS code(s) you wish to remove from your certification.

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

PLEASE ANSWER THE FOLLOWING QUESTIONS:
(Additional sheets may be attached, if needed)

Explain why the firm is submitting this work code change request and how the firm qualifies for each requested code:

Please provide a list of equipment your firm possesses that enables it to perform this additional type of work. Equipment must be on site, housed, and stored at the firm's location, and must not include shared ownership with any other firm or affiliate firm. Please attach relevant sales agreements, invoices, finance agreements, ownership documents, registration, insurance, and proof of payment.

Identify those in your firm with the necessary educational expertise to perform this type of work and provide a copy of licenses if one is needed to perform the work for the requested NAICS Codes.

Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office or storage space, yard, warehouse, facilities, equipment, inventory, financing, office staff, and/or employees with any other business, organization, or entity? If yes, please provide detailed information. If no, please state so:

Please provide proof that your firm has previously performed, independently of any other firm or affiliate firm, the type of work that you wish to add. Please attach any relevant invoices, purchase orders, payments, etc.

Any misrepresentation made in this Affidavit will be grounds for initiating proceedings to remove your firm's DBE certification status with the New Hampshire DBE Certification Program. If your firm does not meet the eligibility criteria to be certified as a DBE and attempts to participate in the DBE program based on false, fraudulent or deceitful representations, the U.S. Department of Transportation may initiate suspension or debarment proceedings against your firm and/or other enforcement action may be taken against you including referral for prosecution under applicable Federal and State statutes.

As required by Title 49, Code of Federal Regulations (CFR) Part 26, Subpart E, Section 26.83(j), I/We, the undersigned, affirm that there have been no changes in my/our firm's circumstances affecting its ability to meet the size, disadvantaged status, ownership, or control requirements of 49 CFR Part 26.

I/We, the undersigned, affirm the personal net worth of each owner, whose ownership is relied upon for disadvantaged status, **does not exceed \$1,320,000.**

I/We further affirm that there have been no material changes in the information provided with my/our firm's application for certification, except for any changes about which I/we have previously provided written notification to the New Hampshire Department of Transportation, Office of Access, Opportunity and Compliance, DBE Certification Department pursuant to 49 CFR §26.83(i).

I/We further affirm that the above referenced firm, including its affiliates as defined by the Small Business Administration (SBA), continues to meet the SBA business size criteria and the overall gross receipts cap of 49 CFR Part 26. More specifically, I/we affirm that the average annual gross receipts for my/our firm and its affiliates, as defined by SBA regulations (see 13 CFR §121.402), do not exceed the thresholds referenced in 49 CFR §26.65 over the firm's previous three fiscal years.

I/We have provided herewith the following supporting documentation of my/our firm's size and gross receipts to support this affidavit:

- **Signed and dated copies** of Federal Tax return(s) for the tax year most recently due (including **all** Schedules) for the DBE firm **and all of its affiliates**. If a sole proprietorship, Personal Federal Tax returns must be submitted; **OR**
- If your firm's Federal tax return(s) have not yet been filed for the tax year most recently due, you must provide a signed and dated copy of Internal Revenue Service Form 4868, *Application for Automatic Extension of Time to File Tax Return*, **and** other appropriate documentation to support the firm's size and annual gross receipts (e.g. audited Financial Statements).
- If your firm is based **OUTSIDE** of NEW HAMPSHIRE, include a copy of your current certification from your home state agency. Please note that NHDOT reserves the right to request additional information, as we deem necessary.

Under penalty of perjury of the laws of the United States, I/we certify to the truthfulness of the affirmations made in this affidavit and the accuracy of the information in the supporting documentation provided herewith.

Business Owner Signature: _____ Ownership % _____ Date: _____

Business Owner Signature: _____ Ownership % _____ Date: _____

Business Owner Signature: _____ Ownership % _____ Date: _____

Business Owner Signature: _____ Ownership % _____ Date: _____

This form must be signed by each disadvantaged owner and notarized.

NOTARY

State of _____, City/County of _____

On this _____ day of _____, 20_____, before me appeared the above-named individual(s) to me personally known, who being duly sworn, did execute the foregoing affidavit and did state that he/she/they was/were properly authorized to execute this affidavit and did so as a free act and deed.

(Seal/Stamp)

(Seal/Stamp)

Notary Public

Commission Expires: _____