

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Federal ID No. \_\_\_\_\_ Phone No (    ) \_\_\_\_\_

Fax No (    ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

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## INTERSTATE DBE and ACDBE CERTIFICATION REQUEST FORM

I, \_\_\_\_\_, swear (or affirm) that \_\_\_\_\_  
DBE Firm Owner DBE Firm Name

is not currently nor has been subject to eligibility removal proceedings, pursuant to 49 CFR §26.87, by the Unified Certification Program (UCP) of any state or a certifying entity thereof; or by the U.S. Department of Transportation through an administrative decision or enforcement proceeding. Therefore, in accordance with 49 CFR §26.85(b), \_\_\_\_\_  
DBE Firm Name  
seeks DBE and/or ACDBE in the State of Rhode Island.

In addition to this affidavit, I have enclosed a copy of my current DBE and/or ACDBE certification letter or certificate as issued by my home state UCP. Additionally, if my firm is seeking certification in the State of Rhode Island in any industry that is licensed in the State of Rhode Island, I have enclosed copies of all pertinent Rhode Island licenses.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

Notary Public Commission Expires

(SEAL/STAMP)