DBE INTERSTATE CERTIFICATION

PLEASE PRINT

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COMPANY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FEI NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WEBSITE ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OWNERSHIP PERCENTAGE: \_\_\_\_\_\_\_\_, (additional owners must also complete a form)**

**GENDER:** FEMALE **\_\_\_\_\_,** MALE **\_\_\_\_\_\_**

**# of EMPLOYEES: 2017\_\_\_\_\_\_, 2018\_\_\_\_\_\_, 2019\_\_\_\_\_\_, 2020\_\_\_\_\_\_, 2021\_\_\_\_\_\_, 2022\_\_\_\_\_\_**

**ETHNICITY: (Choose One)**

\_\_\_\_ 3 - African American/Black

\_\_\_\_ 4 - Hispanic

\_\_\_\_ 5 - Asian American (Pacific)

\_\_\_\_ 5A - Asian American (Subcontinent)

\_\_\_\_ 6 - Native American

\_\_\_\_ 7 - Cape Verdean

\_\_\_\_ 9 - Portuguese,

\_\_\_\_ 2 - Non-Minority

\_\_\_\_ A - Eskimo/Aleut

\_\_\_\_ H - handicapped

**BUSINESS STRUCTURE: (Choose One)**

\_\_\_\_ Corporation

\_\_\_\_ Sole Proprietor

\_\_\_\_ Limited Liability Corporation

\_\_\_\_ Limited Liability Partnership

\_\_\_\_ Partnership

**BUSINESS DESCRIPTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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If you have been in business for more than 5 years, please submit signed copies of your company and its affiliates U.S. Tax returns for the most recent five years.

Copies of your signed personal tax returns for the most recent 2 years.

Please submit the Attached [W9](http://www.mass.gov/anf/docs/osd/sdo/forms/sdo-request-form.pdf) and [Terms of Conditions](http://www.mass.gov/anf/docs/osd/sdo/forms/state-terms-conditions.pdf) forms and submit a copy of your most recent certification letter from your Home State Certifying Agent.

Send to:

MassUCP/DBE Certification Office

Massachusetts Transportation Building

Ten Park Plaza, Suite 2600-B

Boston, MA 02116

Attention: DBE Interstate Certification

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

(SEAL/STAMP)

Notary Public \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Commission Expires\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_