

CALIFORNIA UNIFIED CERTIFICATION PROGRAM (CUCP)



OUT-OF-STATE CERTIFICATION APPLICATION SHORT FORM

Instructions: As an out-of-state applicant, your firm must be currently certified as a Disadvantaged Business Enterprise (DBE) or Airport Concessionaire Disadvantaged Business Enterprise (ACDBE) pursuant to 49 Code of Federal Regulations Part 23 or 26 in your “home” state before you can apply to the California Unified Certification Program. In order to use this Short Form, your application to the California Unified Certification Program must include a complete copy of the application package (including all attachments, tax return schedules, and supplements) that was submitted to your “home” state for your **initial** DBE/ACDBE certification. Moreover, your “home” state DBE/ACDBE application for your initial certification should be no older than three (3) years from the date of your application to California. If your “home” state DBE/ACDBE application is older than three years, please **DO NOT** submit this short form, and visit the California Unified Certification Program’s website (www.CaliforniaUCP.com) to download a complete application package.

A. Home State Certification

Is your firm currently certified as a DBE or ACDBE in your home state? <i>(If Yes, check appropriate box and provide requested information. If No, please STOP and apply to your state Unified Certification Program before applying to California.)</i>	<input type="checkbox"/> DBE <input type="checkbox"/> ACDBE	Name of certifying agency in firm’s state: Has your firm’s state UCP conducted an on-site visit? <input type="checkbox"/> Yes, on ___/___/___ State: _____ <input type="checkbox"/> No
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B. Contact Information

(1) Contact person and Title:		(2) Legal name of firm:		
(3) Phone #:	(4) Other Phone #:	(5) Fax #:		
(6) E-mail:		(7) Website (if available):		
(8) Street address of firm (No P.O. Box):	City:	County/Parish:	State:	Zip:
(9) Mailing address of firm (if different):	City:	County/Parish:	State:	Zip:

C. General Information

1. Is your firm authorized to do business in the State of California? Yes_____ No_____
2. List all office locations in California (if any): _____
3. Has the ownership or control of the company changed since you applied to your state UCP? Yes_____ No_____
If yes, please explain (attached separate sheet if necessary): _____
4. Is there an upcoming project in which the firm is interested and therefore, would need to be certified prior to a specific date in order to be counted toward DBE/ACDBE participation?
Yes_____ No_____
If yes, please provide the following information:
Name of Agency bidding the contract: _____
Contract Number and Title: _____
Bid Opening date or Request for Proposal due date: _____

D. Indicate Counties where you prefer to perform work

<input type="checkbox"/> 01 Alameda	<input type="checkbox"/> 11 Glenn	<input type="checkbox"/> 21 Marin	<input type="checkbox"/> 31 Placer	<input type="checkbox"/> 41 San Mateo	<input type="checkbox"/> 51 Sutter
<input type="checkbox"/> 02 Alpine	<input type="checkbox"/> 12 Humboldt	<input type="checkbox"/> 22 Mariposa	<input type="checkbox"/> 32 Plumas	<input type="checkbox"/> 42 Santa Barbara	<input type="checkbox"/> 52 Tehama
<input type="checkbox"/> 03 Amador	<input type="checkbox"/> 13 Imperial	<input type="checkbox"/> 23 Mendocino	<input type="checkbox"/> 33 Riverside	<input type="checkbox"/> 43 Santa Clara	<input type="checkbox"/> 53 Trinity
<input type="checkbox"/> 04 Butte	<input type="checkbox"/> 14 Inyo	<input type="checkbox"/> 24 Merced	<input type="checkbox"/> 34 Sacramento	<input type="checkbox"/> 44 Santa Cruz	<input type="checkbox"/> 54 Tulare
<input type="checkbox"/> 05 Calaveras	<input type="checkbox"/> 15 Kern	<input type="checkbox"/> 25 Modoc	<input type="checkbox"/> 35 San Benito	<input type="checkbox"/> 45 Shasta	<input type="checkbox"/> 55 Tuolumne
<input type="checkbox"/> 06 Colusa	<input type="checkbox"/> 16 Kings	<input type="checkbox"/> 26 Mono	<input type="checkbox"/> 36 San Bernardino	<input type="checkbox"/> 46 Sierra	<input type="checkbox"/> 56 Ventura
<input type="checkbox"/> 07 Contra Costa	<input type="checkbox"/> 17 Lake	<input type="checkbox"/> 27 Monterey	<input type="checkbox"/> 37 San Diego	<input type="checkbox"/> 47 Siskiyou	<input type="checkbox"/> 57 Yolo
<input type="checkbox"/> 08 Del Norte	<input type="checkbox"/> 18 Lassen	<input type="checkbox"/> 28 Napa	<input type="checkbox"/> 38 San Francisco	<input type="checkbox"/> 48 Solano	<input type="checkbox"/> 58 Yuba
<input type="checkbox"/> 09 El Dorado	<input type="checkbox"/> 19 Los Angeles	<input type="checkbox"/> 29 Nevada	<input type="checkbox"/> 39 San Joaquin	<input type="checkbox"/> 49 Sonoma	
<input type="checkbox"/> 10 Fresno	<input type="checkbox"/> 20 Madera	<input type="checkbox"/> 30 Orange	<input type="checkbox"/> 40 San Luis Obispo	<input type="checkbox"/> 50 Stanislaus	

Checklist:

- Attach a copy of your complete DBE/ACDBE application package that was submitted to your state UCP. *Failure to do so will render your application to California incomplete and will be cause for rejection.*
- Your application to your state for initial DBE/ACDBE certification is dated within the past three years. *If your state application for initial certification is more than three years old, please do not use this short form. Instead, please visit www.CaliforniaUCP.com to download and complete the full application package.*

DECLARATION OF CERTIFICATION

{This form must be signed by the owner upon which disadvantaged status is relied.}

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS 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.

I _____ (full name printed), swear or affirm under penalty of law that I am _____ (title) of applicant firm _____ (firm name) and declare under penalty of perjury that the accompanying application package and documentation is identical to that provided to my state unified certification program. I recognize that the information submitted in this application and accompanying documentation are for the purpose of obtaining certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility. I further understand that I may be required to provide additional information and documentation not previously submitted, including but not limited to updated tax returns, business and personal financial information, and changes affecting ownership and control; and that my application to the California Unified Certification Program is subject to an on-site review conducted by my state UCP.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its places(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Executed on _____ (Date)

Signature _____
(DBE/ACDBE Applicant)