## 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 DB	BE DBE	Name of certifying age	ncy in firm's state:	
or ACDBE in your home state?				
(If Yes, check appropriate box and provide	2 ACDBE	Has your firm's state UCP conducted an on-site visit?		
requested information. If No, please STOI				
and apply to your state Unified Certification	on	☐ Yes, on//	State:	□ No
Program before applying to California.)			_ ~	
B. Contact Information				
(1) Contact person and Title:		(2) Legal name of firm		
(1) Contact person and Title.		(2) Legal name of firm	.1.	
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(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 ( <i>if differen</i> .	<i>t</i> )· City:	County/Parish:	State:	Zip:
(9) Maning address of firm (ij dijjeren.	i): City.	County/1 arisii.	State.	zīp.
C. General Information				
Is your firm authorized to do busing	agg in the State of	Colifornia 9 Vac	No	
1. Is your firm authorized to do busin	less in the State of	Camorina? 1 es	NO	
2. List all office locations in Californ	ia (if any):			
3. Has the ownership or control of the	a aamnany ahana	ad singa yay annliad to ya	our state LICD? Ve	a No
3. Thas the ownership of control of the	e company change	ed since you applied to yo	our state OCF ? Te	S 1\U
If yes, please explain (attached separa	ate sheet if necessary):	<u>:</u>		
4. Is there an upcoming project in wh	nich the firm is into	erested and therefore wo	uld need to be certi	ified prior to a
specific date in order to be counted			and need to be eern	inca prior to a
Yes No		DDL participation:		
If yes, please provide the following	a information:			
if yes, please provide the following	g information.			
Name of Agency bidding the c	ontract:			
Contract Number		Bid Opening date or	•	
and Title:		Request for Proposa		

D. Indicate Counties where you prefer to perform work									
	☐ 01 Alameda	□ 11 Glenn	☐ 21 Marin	☐ 31 Placer	☐ 41 San Mateo	□ 51 Sutter			
	□ 02 Alpine	☐ 12 Humboldt		☐ 32 Plumas	☐ 42 Santa Barbara	☐ 52 Tehama			
	□ 03 Amador	☐ 13 Imperial	☐ 23 Mendocino	☐ 33 Riverside	☐ 43 Santa Clara	☐ 53 Trinity			
	□ 04 Butte	☐ 14 Inyo	☐ 24 Merced	☐ 34 Sacramento	44 Santa Cruz	☐ 54 Tulare			
	□ 04 Butte □ 05 Calaveras	□ 15 Kern	☐ 24 Merced☐ 25 Modoc	☐ 35 San Benito	44 Santa Cruz 45 Shasta	☐ 54 Turare			
	□ 06 Colusa	☐ 16 Kings	□ 26 Mono	☐ 36 San Bernardino	□ 46 Sierra	☐ 56 Ventura			
	□ 07 Contra Costa		☐ 27 Monterey	☐ 37 San Diego	47 Siskiyou	□ 57 Yolo			
	□ 08 Del Norte	☐ 18 Lassen	□ 28 Napa	☐ 38 San Francisco	48 Solano	☐ 58 Yuba			
	□ 09 El Dorado	☐ 19 Los Angeles		☐ 39 San Joaquin	49 Sonoma				
	☐ 10 Fresno	☐ 20 Madera	☐ 30 Orange	☐ 40 San Luis Obispo	☐ 50 Stanislaus				
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(DBE/ACDBE Applicant)