**Louisiana Unified Certification Program - DBE Certification**

**Expansion of Business Services Request Form**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Name: | |  | | | | | | | | |
| Trade Name (DBA): | | | |  | | | | | | |
| Contact Person: | | |  | | | |  | Title: |  | |
| Primary Phone: | | |  | |  | Secondary Phone: | | | |  |
| E-Mail: |  | | | |  | Website: | |  | | |

**Requested Business Description** (Limit to 500 characters.)

|  |
| --- |
|  |

**Requested NAICS Codes**

For a complete listing of NAICS codes, visit <http://www.census.gov/eos/www/naics>. Please, list the NAICS codes you would like to either add or remove below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **NAICS** | **Brief Description** |  |  | **DOTD Work Codes** | **Brief Description** |
| Add  Remove |  |  |  | Add  Remove |  |  |
| Add  Remove |  |  |  | Add  Remove |  |  |
| Add  Remove |  |  |  | Add  Remove |  |  |
| Add  Remove |  |  |  | Add  Remove |  |  |
| Add  Remove |  |  |  | Add  Remove |  |  |
| Add  Remove |  |  |  | Add  Remove |  |  |
| Add  Remove |  |  |  | Add  Remove |  |  |

Revised 05/2021

**DECLARATION**

This form must be signed by the eligible owner with the most ownership interest in the Firm applying for an Expansion of Business Services.

**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 certify and declare, under penalty of perjury, under the laws of the State of Louisiana, that the foregoing is true and correct.

Signed at:

|  |  |  |
| --- | --- | --- |
|  | , |  |

***CITY STATE***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| This |  | day of |  | , 20 |  |

***DATE MONTH YEAR***

***OWNER'S SIGNATURE***

|  |  |  |
| --- | --- | --- |
|  |  |  |

***PRINTED NAME TITLE***

**NOTARY CERTIFICATE**

State of

County of

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Subscribed and sworn to before me this |  | day of |  | , 20 |  |

***DATE MONTH YEAR***

|  |  |  |
| --- | --- | --- |
| by |  | . |

***OWNER NAME***

***SIGNATURE OF NOTARY PUBLIC***

***TITLE***

(Seal)

My Appointment Expires

Revised 05/2021

**DOCUMENT CHECKLIST**

Thank you for completing the Expansion of Business Services Request Form. Copies of the documents listed below are required and must be included with the request form.

**For All Requests**

Resume(s) of key personnel who will be performing the requested service(s), including updated resume(s) of the disadvantaged owner(s)

List of equipment used to perform the requested service(s), including specialized software

Copies of signed & executed contracts or invoices verifying the performance of the requested services for additional NAICS or DOTD work codes.

Copies of specialty license(s) pertaining to the requested service(s)

**If you are requesting services in the following categories, please, provide the additional documentation, as follows:**

**Retail Firms**

Current list of inventory

Vendor agreements or copies of invoices from vendors for products that are retailed

**Wholesaler Firms**

Wholesaler/Distributor agreements

Copies of invoices from vendors for products being wholesale

**Trucking Firms**

Louisiana Department of Transportation permit for each truck owned or operated by firm

Commercial Driver’s License (CDL) for all drivers

Insurance Agreements for each truck owned or operated by firm

Title(s) and registration certificate(s) for each truck owned or operated by firm

**Reminder: Please, include the supporting documentation with your completed Expansion of Business Services Request Form, and email or mail the package to:**

[**Rhonda.Wallace@la.gov**](mailto:Rhonda.Wallace@la.gov) **or [Warren.Morgan@la.gov](mailto:Warren.Morgan@la.gov) (LADOTD Headquarters Firms)**

[**Shirley.Ard@la.gov**](mailto:Shirley.Ard@la.gov) **(LADOTD New Orleans firms)**

Louisiana Department of Transportation & Development

Attention: Compliance Programs – DBE Certification Office

P.O. Box 94245

Baton Rouge, LA 70804-9245

If you have any questions about the process, please, you may contact the DBE Office at (225) 379-1382.

Revised 05/2021