**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** **or Warren.Morgan@la.gov (LADOTD Headquarters Firms)**

**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.

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