

DISADVANTAGED BUSINESS ENTERPRISE OUT-OF-STATE CERTIFICATION DECLARATIONCALIFORNIA UNIFIED
CERTIFICATION PROGRAM
(CUCP)**California Department of Transportation****Interstate Certification Process**

The California Unified Certification Program has published the **DBE Interstate Application Checklist** and the **DBE Interstate Application Affidavit**. The Interstate Certification process applies to firms already certified in their home state and seeking certification in California. Guidance provided by the US DOT, in the summer of 2014, provided that a firm currently is certified in its home state is not required to submit a **new** uniform certification application as if it were seeking certification for the first time. A DBE firm may simply present a copy of its DBE application among other required documents as submitted to its home State's UCP. The DBE Interstate Application Checklist provides the list of items required. The DBE Interstate Application Affidavit **must** be completed and submitted with the application.

Instructions: As an out-of-state applicant, your firm must be currently certified as a Disadvantaged Business Enterprise (DBE) or Airport Concession 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 (CUCP). Pursuant to 49 CFR § 26.85(c), the firm's owner(s) (hereinafter "you") acknowledge and agree to comply with the following regulations:

You must provide to the CUCP, along with this declaration form, a completed copy of the application form, all supporting documents, and any other information you have submitted to your home state or any other state related to your firm's DBE or ACDBE certification. This includes affidavits of no change (see § 26.83(j)) and any notices of changes (see § 26.83(i)) that you have submitted to your home state, as well as any correspondence you have had with your home state's UCP or any other government entity concerning your application or status as a DBE or ACDBE firm.

You must also provide to the CUCP any notices or correspondence from states other than your home state relating to your status as an applicant or certified DBE in those states, if applicable. For example, if you have been denied certification or decertified by a state UCP other than your home state, or subject to a decertification action there, you must inform the CUCP of this fact and provide all documentation concerning this action to the CUCP.

If you have filed a certification appeal with the U.S. Department of Transportation (DOT) (see § 26.89), you must inform the CUCP of this fact and provide your letter of appeal and DOT's response to the CUCP.

You must submit this declaration form executed under penalty of perjury of the laws of the United States.

This declaration must affirm that you have submitted all the information required by 49 CFR 26.85(c) and the information is complete and, in the case of the information required by § 26.85(c)(1), is an identical copy of the information submitted to your home state. If the on-site report from your home state supporting your certification in your home state is more than three years old, as of the date of your application to the CUCP, please acknowledge in your declaration that you also affirm that the facts in the on-site report remain true and correct.

DISADVANTAGED BUSINESS ENTERPRISE OUT-OF-STATE CERTIFICATION DECLARATION

CALIFORNIA UNIFIED CERTIFICATION PROGRAM (CUCP)



Is your firm currently certified as a DBE or ACDBE in your home state? (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.)	Name of Certifying Agency in Firm's State Has your firm's state UCP conducted an on-site visit? <input type="checkbox"/> Yes, on ____/____/____ <input type="checkbox"/> No
<input type="checkbox"/> DBE <input type="checkbox"/> ACDBE	

A. Home State Certification

I affirm that the facts in the on-site report conducted by my state UCP over three years ago from the date of this declaration remain true and correct. Check if applicable

B. Contact Information

(1) Contact Person and Title		(2) Legal Name of Firm	
(3) Phone #	(4) Alternate Phone #	(5) Fax #	
(6) E-mail		(7) Website (If available)	
(8) Street Address of Firm (No P.O. Box)	City	County/Parist	State Zip
(9) Mailing Address of Firm (If different)	City	County/Parist	State Zip

A. 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 | |



California Unified Certification Program (CUCP) DBE Interstate Application Checklist 49 CFR Part 26.85(c)

The California Department of Transportation Office of Civil Rights (OCR) and its certifying agencies (CUCP) do not have reciprocity with other State UCP's. The CUCP, as a whole, chooses not to accept other State's DBE certification of a firm. Therefore, as the applicant, your firm must provide the following information in paragraphs (1) through (5) of this section to the CUCP agency where the interstate application will be submitted.

- 1. You **must** provide **a complete copy** of the application form (*that was provided to your home state*), all supporting documents, and any other information you have submitted to your home State. This includes affidavits of no change, any notices of changes that you have submitted to your home State, as well as any correspondence you have had with your home State's UCP or any other recipient concerning your application or status as a DBE firm.
- 2. You **must** provide a current **Personal Net Worth Statement** for all disadvantaged owners of the firm. Additionally, you must provide the last **3 years** of **personal and business taxes** for the firm and all **affiliated businesses** associated with the firm or firm's owner.
- 3. You **must** provide any notices or correspondence from states other than your home State relating to your status as an applicant or certified DBE in those states. For example, if you have been denied certification or decertified in another State, or subject to a decertification action, you must inform the CUCP Certifying Agency of this fact and provided all documentation concerning this action to the CUCP Certifying Agency, with whom you're applying for Interstate certification.
- 4. If you have filed a certification appeal with the US DOT, you must inform the CUCP Certifying Agency of this fact and provide your letter of appeal, and the US DOT's response to the CUCP Certifying Agency.
- 5. You **must** submit an affidavit sworn to by the firm's owner(s) before a person who is authorized by State law to administer oaths or an unsworn declaration executed under penalty of perjury of the laws of the United States.
 - (i) This affidavit must affirm that (i) you have submitted all the information required by 49 CFR Part 26.85(c), and the information is complete and, in the case of the information required by 26.85(c)(1), is an identical copy of the information submitted to State A.

DISADVANTAGED BUSINESS ENTERPRISE OUT-OF-STATE CERTIFICATION DECLARATIONCALIFORNIA UNIFIED
CERTIFICATION PROGRAM
(CUCP)

- (ii) If the on-site report from you home State supporting your certification in you home State is more than three years old, as of the date of your application to the CUCP Agency, we may require your affidavit also affirm that the facts in the on-site report remain true and correct.

**California Unified Certification Program
DISADVANTAGED BUSINESS ENTERPRISE
Interstate Application Affidavit**

Business Name:	
Federal Identification No: (EIN)	
Business Address:	
Telephone No:	
Business Contact Email Address:	

I/We the undersigned owner(s) of the above referenced firm submit the enclosed application for Disadvantaged Business Enterprise (DBE) certification in the State of California and do hereby declare and affirm the facts presented herein are true and correct to the best of my/our knowledge:

1. All the information required by 49 CFR 26.85(c) is attached, and complete.
2. The facts set forth in the on-site conducted _____ from _____ (home state) remain true and correct.
3. An identical copy of the application, all supporting documents, and any other information submitted to my/our home state, along with any other state related to this firm's certification, including all affidavits of no change, any notices of changes, as well as all correspondence related to the firm's applications or status as a DBE has been provided with the affidavit.

ANY MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION OR AFFIDAVIT 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.

_____ Owner 1 Signature	_____ Printed Name and Title	_____ Date
_____ Owner 2 Signature	_____ Printed Name and Title	_____ Date
_____ Owner 3 Signature	_____ Printed Name and Title	_____ Date
_____ Owner 4 Signature	_____ Printed Name and Title	_____ Date

DISADVANTAGED BUSINESS ENTERPRISE OUT-OF-STATE CERTIFICATION DECLARATION

CALIFORNIA UNIFIED
CERTIFICATION PROGRAM
(CUCP)



Notary

STATE OF: _____ **COUNTY OF:** _____

Sworn to (or affirmed) and subscribed before me this _____ day _____ 20_____

(NOTARY SEAL)

(Signature of Notary)

(Name of Notary, Typed, Printed, or Seal)

Personally, known or produced identification, _____ (type of identification).