

CALIFORNIA UNIFIED CERTIFICATION PROGRAM (CUCP)



OUT-OF-STATE CERTIFICATION DECLARATION

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:

- (1) You must provide to the CUCP, along with this declaration form, a complete 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.
- (2) 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.
- (3) 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.
- (4) You must submit this declaration form executed under penalty of perjury of the laws of the United States.
 - i) 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.
 - ii) 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.

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 ___/___/___ <input type="checkbox"/> No
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.		<input type="checkbox"/> Check if applicable

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. 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, all supporting documents, and any other information that was submitted to your state UCP, including but not limited to affidavits or declarations of no change, and notices of changes. *Failure to do so will render your application to California incomplete and will be cause for rejection.*
- Any and all notices or correspondence from states other than your home state relating to your status as an applicant or certified DBE in those states.
- Letter of appeal and DOT response, if any.

DECLARATION OF CERTIFICATION

{This form must be signed by the owner(s) 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 further affirm that the information gathered by my state unified certification program during its on-site review remains true and correct. 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 my home state 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.

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 of the laws of the United States that I 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 my home state.

Executed on _____ (Date)

Signature _____
(DBE/ACDBE Applicant)