

CALIFORNIA UNIFIED CERTIFICATION PROGRAM (CUCP)



DISADVANTAGED BUSINESS ENTERPRISE (DBE)

SAMPLE CERTIFICATION APPLICATION

The following is a sample application and examples of supplemental documentation that should be submitted with your Disadvantaged Business Enterprise (DBE) application. Please note that some supplemental documents may not apply to your business. Before submitting your application, reference the “DBE UNIFORM CERTIFICATION APPLICATION SUPPORTING DOCUMENTS CHECKLIST” which is included in the application packet, to ensure you have included all of the necessary and relevant documentation with your application.

If you have any questions regarding the application or the supplemental documentation required, please contact the “Analyst of the Day” at (916) 324-1700 during normal business hours.

Section 1: CERTIFICATION INFORMATION



A. Basic Contact Information

(1) Contact person and Title: JOHN DOE PRESIDENT/CEO/OWNER (2) Legal name of firm: DOE ASPHALT & PAVING CONSTRUCTION

(3) Phone #: (800) 555 - 1234 (4) Other Phone #: (877) 555 - 1234 (5) Fax #: (888) 555 - 1234

(6) E-mail: JOHNDOE@JOHNDOECONST@EMAIL.COM (7) Firm Websites: WWW.JOHNDOECONSTRUCTION.COM

(8) Street address of firm (No P.O. Box): 1234 Industrial Road, Suite #1234 City: Anytown County/Parish: Sacramento State: CA Zip: 95123 - 456

(9) Mailing address of firm (if different): same City: County/Parish: State: Zip:

B. Prior/Other Certifications and Applications

(10) Is your firm currently certified for any of the following U.S. DOT programs?

DBE ACDBE Names of certifying agencies:

If you are certified in your home state as a DBE/ACDBE, you do not have to complete this application for other states. Ask your state UCP about the interstate certification process.

List the dates of any site visits conducted by your home state and any other states or UCP members:

Date / / State/UCP Member: Date / / State/UCP Member:

(11) Indicate whether the firm or any persons listed in this application have ever been:

- (a) Denied certification or decertified as a DBE, ACDBE, 8(a), SDB, MBE/WBE firm? Yes No
(b) Withdrawn an application for these programs, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity? Yes No

If yes, explain the nature of the action. (If you appealed the decision to DOT or another agency, attach a copy of the decision,

Section 2: GENERAL INFORMATION

A. Business Profile: (1) Give a concise description of the firm's primary activities and the product(s) or service(s) it provides. If your company offers more than one product/service, list the primary product or service first. Please use additional paper if necessary. This description may be used in our database and the UCP online directory if you are certified as a DBE or ACDBE.

GENERAL "A" LICENSED CONTRACTOR, SPECIALIZING IN ROADWAY CONSTRUCTION & PAVING

(2) Applicable NAICS Codes for this line of work include: 237310 238910

(3) This firm was established on 01 / 01 / 2001

(4) I/We have owned this firm since: 01 / 01 / 2001

(5) Method of acquisition (Check all that apply):

- Started new business Bought existing business Inherited business Secured concession
Merger or consolidation Other (explain)



Section 3: MAJORITY OWNER INFORMATION

A. Identify the majority owner of the firm holding 51% or more ownership interest.

(1) Full Name: JOHN DOE (2) Title: PRESIDENT/CEO/OWNER (3) Home Phone #: (800) 555 - 1234

(4) Home Address (Street and Number): 123 Main Street City: Anytown State: CA Zip: 91234

(5) Gender: [X] Male [] Female

(6) Ethnic group membership (Check all that apply):

- [] Black [X] Hispanic [] Asian Pacific [] Native American [] Subcontinent Asian [] Other (specify)

(7) U.S. Citizenship:

- [X] U.S. Citizen [] Lawfully Admitted Permanent Resident

(8) Number of years as owner: 13 (9) Percentage owned: 51% Class of stock owned: Date acquired 1/1/2001

Table with 3 columns: Type, Dollar Value. Rows: Cash \$ 5,100, Real Estate \$, Equipment \$, Other \$

- Describe how you acquired your business: [X] Started business myself [] It was a gift from: [] I bought it from: [] I inherited it from: [] Other

(Attach documentation substantiating your investment)

B. Additional Owner Information

(1) Describe familial relationship to other owners and employees:

Wife, Mary Doe Vice President, Treasurer, owner

(2) Does this owner perform a management or supervisory function for any other business? [] Yes [X] No If Yes, identify: Name of Business: Function/Title:

(3)(a) Does this owner own or work for any other firm(s) that has a relationship with this firm? [] Yes [X] No Identify the name of the business, and the nature of the relationship, and the owner's function at the firm:

(b) Does this owner work for any other firm, non-profit organization, or is engaged in any other activity more than 10 hours per week? If yes, identify this activity:

(4)(a) What is the personal net worth of this disadvantaged owner applying for certification ? \$ 250,000

(b) Has any trust been created for the benefit of this disadvantaged owner(s)? [] Yes [X] No (If Yes, you may be asked to provide a copy of the trust instrument).

(5) Do any of your immediate family members, managers, or employees own, manage, or are associated with another company? [] Yes [X] No If Yes, provide their name, relationship, company, type of business, and indicate whether they own or manage the company: (Please attach extra sheets, if needed):



Section 3: OWNER INFORMATION, Cont'd.

A. Identify all individuals, firms, or holding companies that hold LESS THAN 51% ownership interest in the firm (Attach separate sheets for each additional owner)

(1) Full Name: MARY DOE (2) Title: VICE PRESIDENT, TREASURER, (3) Home Phone #: (800) 555 - 1234 (4) Home Address (Street and Number): 123 Main Street City: Anytown State: CA Zip: 91234 -

(5) Gender: Male Female (6) Ethnic group membership (Check all that apply) Black Hispanic Asian Pacific Native American Subcontinent Asian Other (specify) Caucasian/White (7) U.S. Citizenship: U.S. Citizen Lawfully Admitted Permanent Resident (8) Number of years as owner: 13 (9) Percentage owned: 49% Class of stock owned: Date acquired 1/1/2001 (10) Initial investment to acquire ownership interest in firm: Cash \$ 4,900 Real Estate \$ Equipment \$ Other \$ Describe how you acquired your business: Started business myself It was a gift from: I bought it from: I inherited it from: Other (Attach documentation substantiating your investment)

B. Additional Owner Information

(1) Describe familial relationship to other owners and employees: n/a (2) Does this owner perform a management or supervisory function for any other business? Yes No If Yes, identify: Name of Business: Function/Title: (3)(a) Does this owner own or work for any other firm(s) that has a relationship with this firm? (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.) Yes No Identify the name of the business, and the nature of the relationship, and the owner's function at the firm: (b) Does this owner work for any other firm, non-profit organization, or is engaged in any other activity more than 10 hours per week? If yes, identify this activity: (4)(a) What is the personal net worth of this disadvantaged owner applying for certification? \$ 250,000 (b) Has any trust been created for the benefit of this disadvantaged owner(s)? Yes No (If Yes, you may be asked to provide a copy of the trust instrument). (5) Do any of your immediate family members, managers, or employees own, manage, or are associated with another company? Yes No If Yes, provide their name, relationship, company, type of business, and indicate whether they own or manage: (Please attach extra sheets, if needed):



Section 4: CONTROL

A. Identify your firm's Officers and Board of Directors (If additional space is required, attach a separate sheet):

	Name	Title	Date Appointed	Ethnicity	Gender
(1) Officers of the Company	(a) John Doe	CEO/President	1/1/2001	hispanic	male
	(b) Mary Doe	VP, Treasurer	1/1/2001	caucasian	female
	(c)				
	(d)				
(2) Board of Directors	(a) John Doe	CEO/President	1/1/2001	hispanic	male
	(b) Mary Doe	VP, Treasurer	1/1/2001	caucasian	female
	(c)				
	(d)				

(3) Do any of the persons listed above perform a management or supervisory function for any other business?

Yes No If Yes, identify for each:

Person: _____ Title: _____
 Business: _____ Function: _____

Person: _____ Title: _____
 Business: _____ Function: _____

(4) Do any of the persons listed in section A above own or work for any other firm(s) that has a relationship with this firm? (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)

Yes No If Yes, identify for each:

Firm Name: _____ Person: _____
 Nature of Business Relationship: _____

B. Duties of Owners, Officers, Directors, Managers, and Key Personnel

1. (Identify your firm's management personnel who control your firm in the following areas (Attach separate sheets as needed).)

A= Always F = Frequently	S = Seldom N = Never	Majority Owner (51% or more)					Minority Owner (49% or less)				
		Name: John Doe Title: President/CEO Percent Owned: 51%					Name: Mary Doe Title: VP/Treasurer Percent Owned: 49%				
Sets policy for company direction/scope of operations	A <input checked="" type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>		A <input type="checkbox"/>	F <input checked="" type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>		
Bidding and estimating	A <input checked="" type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>		A <input type="checkbox"/>	F <input checked="" type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>		
Major purchasing decisions	A <input type="checkbox"/>	F <input checked="" type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>		A <input type="checkbox"/>	F <input checked="" type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>		
Marketing and sales	A <input type="checkbox"/>	F <input checked="" type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>		A <input type="checkbox"/>	F <input checked="" type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>		
Supervises field operations	A <input checked="" type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>		A <input type="checkbox"/>	F <input type="checkbox"/>	S <input checked="" type="checkbox"/>	N <input type="checkbox"/>		
Attend bid opening and lettings	A <input checked="" type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>		A <input type="checkbox"/>	F <input checked="" type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>		
Perform office management (billing, accounts receivable/payable, etc.)	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input checked="" type="checkbox"/>	N <input type="checkbox"/>		A <input checked="" type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>		
Hires and fires management staff	A <input type="checkbox"/>	F <input checked="" type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>		A <input type="checkbox"/>	F <input type="checkbox"/>	S <input checked="" type="checkbox"/>	N <input type="checkbox"/>		
Hire and fire field staff or crew	A <input checked="" type="checkbox"/>	F <input checked="" type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>		A <input type="checkbox"/>	F <input checked="" type="checkbox"/>	S <input checked="" type="checkbox"/>	N <input type="checkbox"/>		
Designates profits spending or investment	A <input checked="" type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>		A <input type="checkbox"/>	F <input checked="" type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>		
Obligates business by contract/credit	A <input checked="" type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>		A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>		
Purchase equipment	A <input checked="" type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>		A <input type="checkbox"/>	F <input checked="" type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>		
Signs business checks	A <input checked="" type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>		A <input checked="" type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>		

2. Complete for all Officers, Directors, Managers, and Key Personnel who control the following functions for the firm. (Attach separate sheets as needed).

A= Always S = Seldom F = Frequently N = Never	Officer/Director/Manager/Key Personnel				Officer/Director/Manager/ Key Personnel			
	Name: _____ Title: _____ Race and Gender: _____ Percent Owned: _____				Name: _____ Title: _____ Race and Gender: _____ Percent Owned: _____			
Sets policy for company direction/scope of operations	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Bidding and estimating	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Major purchasing decisions	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Marketing and sales	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Supervises field operations	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Attend bid opening and lettings	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Perform office management (billing, accounts receivable/payable, etc.)	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Hires and fires management staff	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Hire and fire field staff or crew	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Designates profits spending or investment	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Obligates business by contract/credit	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Purchase equipment	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Signs business checks	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>

Do any of the persons listed in B1 or B2 perform a management or supervisory function for any other business? If Yes, identify the person, the business, and their title/function: _____

Do any of the persons listed above own or work for any other firm(s) that has a relationship with this firm? (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.) If Yes, describe the nature of the business relationship: _____

C. Inventory: Indicate your firm's inventory in the following categories (Please attach additional sheets if needed):

1. Equipment and Vehicles

	Make and Model	Current Value	Owned or Leased by Firm or Owner?	Used as collateral?	Where is item stored?
1.	Excavator, ACME E-100	\$150,000	Owned		onsite
2.	Dozer, ACME T-100	\$35,000	Owned		onsite
3.	Skid Steer, ACME	\$25,000	Owned		onsite
4.	Mini-Excavator, ACME	\$20,000	Owned		onsite
5.	Ford Truck, 2001 F100	\$40,000	Owned		onsite
6.	Ford Truck, 2000, F100	\$30,000	Owned		onsite
7.					
8.					
9.					

2. Office Space

Street Address	Owned or Leased by Firm or Owner?	Current Value of Property or Lease
1234 Industrial St.	Leased	



3. Storage Space (Provide signed lease agreements for the properties listed)

Street Address	Owned or Leased by Firm or Owner?	Current Value of Property or Lease
N/A		

D. Does your firm rely on any other firm for management functions or employee payroll? Yes No

E. Financial/Banking Information (Provide bank authorization and signature cards)

Name of bank: ACME Bank City and State: Anytown, CA
The following individuals are able to sign checks on this account: John Doe, Mary Doe

Name of bank: _____ City and State: _____
The following individuals are able to sign checks on this account: _____

Bonding Information: If you have bonding capacity, identify the firm's bonding aggregate and project limits:
Aggregate limit \$ \$1,000,000 Project limit \$ \$750,000

F. Identify all sources, amounts, and purposes of money loaned to your firm including from financial institutions. Identify whether you the owner and any other person or firm loaned money to the applicant DBE/ACDBE. Include the names of any persons or firms guaranteeing the loan, if other than the listed owner. (Provide copies of signed loan agreements and security agreements).

Name of Source	Address of Source	Name of Person Guaranteeing the Loan	Original Amount	Current Balance	Purpose of Loan
1. _____					
2. _____					
3. _____					

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners or another individual over the past two years (Attach additional sheets if needed):

Contribution/Asset	Dollar Value	From Whom Transferred	To Whom Transferred	Relationship	Date of Transfer
1. _____					
2. _____					
3. _____					

H. List current licenses/permits held by any owner and/or employee of your firm (e.g. contractor, engineer, architect, etc.) (Attach additional sheets if needed):

Name of License/Permit Holder	Type of License/Permit	Expiration Date	State
1. <u>John Doe</u>	<u>Contractor "A"</u>	<u>9/31/2019</u>	<u>CA</u>
2. _____			
3. _____			



I. List the three largest contracts completed by your firm in the past three years, if any:

	Name of Owner/Contractor	Name/Location of Project	Type of Work Performed	Dollar Value of Contract
1.	CALTRANS	I-5, Sacramento County	Excavation, leveling	\$150,000
2.	City of Sacramento	Downtown Sacramento	Concrete, Construction Managment	\$225,000
3.	CALTRANS	I-80, Sacramento County	Excavating	\$100,000

J. List the three largest active jobs on which your firm is currently working:

	Name of Prime Contractor and Project Number	Location of Project	Type of Work	Project Start Date	Anticipated Completion Date	Dollar Value of Contract
1.	ACME Construction	Placer County, I-80	Excavating	1/1/2014	1/1/2018	
2.						
3.						

AIRPORT CONCESSION (ACDBE) APPLICANTS ONLY MUST COMPLETE THIS SECTION

Identify the following information concerning the ACDBE applicant firm:

<u>Concession Space</u>	<u>Address / Location at Airport</u>	<u>Value of Property or Lease</u>	<u>Fees/Lease Payments Paid to the Airport</u>

Provide information concerning any other airport concession businesses the applicant firm or any affiliate owns and/or operates, including name, location, type of concession, and start date of concession

<u>Name of Concession</u>	<u>Location</u>	<u>Type of Concession</u>	<u>Start Date of Concession</u>



AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized for each owner 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 John Doe _____ (full name printed), swear or affirm under penalty of law that I am President/CEO _____ (title) of the applicant firm John Doe Construction _____ and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing 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 the 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 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.

If awarded a contract, subcontract, concession lease or sublease, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the recipient agency or Unified Certification Program of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership changes, address/telephone number, personal net worth exceeding \$1.32 million, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I certify that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Disadvantaged Business Enterprise or Airport Concession Disadvantaged Business Enterprise. In support of my application, I certify that I am a member of one or more of the following groups, and that I have held myself out as a member of the group(s): (Check all that apply):

- Female
- Black American
- Hispanic American
- Native American
- Asian-Pacific American
- Subcontinent Asian American
- Other (specify) _____

I certify that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified above, without regard to my individual qualities.

I further certify that my personal net worth does not exceed \$1.32 million, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Signature _____
(DBE/ACDBE Applicant)

xx/xx/xx
(Date)

NOTARY CERTIFICATE



CALIFORNIA UNIFIED CERTIFICATION PROGRAM (CUCP)



Supplemental Document Checklist

Firm Name: JOHN DOE CONSTRUCTION, INC.

In order to complete your application for DBE certification, you must also attach copies of all of the following documents:

- Documentation of Group Membership. Please comply with one of the following: (1) For each owner seeking social disadvantaged status on the basis of Ethnic membership, please provide a document (e.g., birth certificate, U.S. Passport, Green Card, parents' birth certificate, etc.) evidencing Ethnic heritage or similar document evidencing Ethnic community affiliation. (2) For each owner seeking social disadvantaged status on the basis of Gender, please provide a document evidencing gender (e.g., birth certificate, driver's license, etc.). (3) For each owner seeking an individual showing of social disadvantage, please provide documents you deem appropriate for consideration.
- Documentation of U.S. citizenship or lawful permanent residence, e.g., U.S. birth certificate, Green Card, etc.

Supplemental Questionnaire

1. Is the firm's principal place of business in California? Yes No

If no, please include a copy of the firm's DBE certificate issued in its home state. (The CUCP will not process a new application for DBE certification from a firm having its principal place of business in another state unless the firm has already been certified in that state.)

2. Is the firm authorized to do business in the State of California? Yes No

3. List all office locations in California: 1234 OBELO LANE, SACRAMENTO, CA 95811

4. Has the firm ever done business with any U.S. DOT Grantees of California? Yes No

If yes, please indicate the agency name(s) and latest year(s):

Agency	Latest Year
California Department of Transportation	2012

Agency	Latest Year

5. Is there an upcoming project in which the firm is interested and therefore, would need to be certified prior to a specific date in order to be counted toward DBE participation? Yes _____ NO

If yes, please provide the following information:

Agency letting contract: _____

Contract Number and Name: _____ Bid Opening date or Request for Proposal due date: _____

6. Indicate areas where you prefer to do your 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> 48 Solano | <input checked="" 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 | |



UNIFORM CERTIFICATION APPLICATION SUPPORTING DOCUMENTS CHECKLIST

In order to complete your application for DBE or ACDBE certification, you must attach copies of all of the following **REQUIRED** documents. A failure to supply any information requested by the UCP may result in your firm denied DBE/ACDBE certification.

Required Documents for All Applicants

- Résumés (that include places of employment with corresponding dates), for all owners, officers, and key personnel of the applicant firm
- Personal Net Worth Statement for each socially and economically disadvantaged owners comprising 51% or more of the ownership percentage of the applicant firm.
- Personal Federal tax returns for the past 3 years, if applicable, for each disadvantaged owner
- Federal tax returns (and requests for extensions) filed by the firm and its affiliates with related schedules, for the past 3 years.
- Documented proof of contributions used to acquire ownership for each owner (e.g., both sides of cancelled checks)
- Signed loan and security agreements, and bonding forms
- List of equipment and/or vehicles owned and leased including VIN numbers, copy of titles, proof of ownership, insurance cards for each vehicle.
- Title(s), registration certificate(s), and U.S. DOT numbers for each truck owned or operated by your firm
- Licenses, license renewal forms, permits, and haul authority forms
- Descriptions of all real estate (including office/storage space, etc.) owned/leased by your firm and documented proof of ownership/signed leases
- Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past 2 years
- DBE/ACDBE and SBA 8(a), SDB, MBE/WBE certifications, denials, and/or decertifications, if applicable; and any U.S. DOT appeal decisions on these actions.
- Bank authorization and signatory cards
- Schedule of salaries (or other remuneration) paid to all officers, managers, owners, and/or directors of the firm
- List of all employees, job titles, and dates of employment.
- Proof of warehouse/storage facility ownership or lease arrangements

Partnership or Joint Venture

- Original and any amended Partnership or Joint Venture Agreements

Corporation or LLC

- Official Articles of Incorporation (*signed by the state official*)
- Both sides of all corporate stock certificates and your firm's stock transfer ledger
- Shareholders' Agreement(s)
- Minutes of all stockholders and board of directors meetings

- Corporate by-laws and any amendments
- Corporate bank resolution and bank signature cards
- Official Certificate of Formation and Operating Agreement with any amendments (for LLCs)

Optional Documents to Be Provided on Request

The UCP to which you are applying may require the submission of the following documents. If requested to provide these document, you must supply them with your application or at the on-site visit.

- Proof of citizenship
- Insurance agreements for each truck owned or operated by your firm
- Audited financial statements (if available)
- Personal Federal Tax returns for the past 3 years, if applicable, for other disadvantaged owners of the firm.
- Trust agreements held by any owner claiming disadvantaged status
- Year-end balance sheets and income statements for the past 3 years (*or life of firm, if less than three years*)

Suppliers

- List of product lines carried and list of distribution equipment owned and/or leased



U.S. Department of
Transportation

**Personal Net Worth Statement
For DBE/ACDBE Program Eligibility**

As of 08/31/2015

OMB APPROVAL NO:
EXPIRATION DATE:

This form is used by all participants in the U.S. Department of Transportation's Disadvantaged Business Enterprise (DBE) Programs. Each individual owner of a firm applying to participate as a DBE or ACDBE, whose ownership and control are relied upon for DBE certification must complete this form. Each person signing this form authorizes the Unified Certification Program (UCP) recipient to make inquiries as necessary to verify the accuracy of the statements made. The agency you apply to will use the information provided to determine whether an owner is economically disadvantaged as defined in the DBE program regulations 49 C.F.R. Parts 23 and 26. **Return form to appropriate UCP certifying member, not U.S. DOT.**

Name	John Doe	Business Phone (800) 555-1234
Residence Address (As reported to the IRS) City, State and Zip Code	1234 Industrial Road, Suite #1234 Sacramento, CA 95123	Residence Phone (916) 124-4567
Business Name of Applicant Firm	Doe Asphalt & Paving	
Spouse's Full Name (Marital Status: Single, Married, Divorced, Union)	Mary A. Doe	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash and Cash Equivalents	\$ 2,350	Loan on Life Insurance (Complete Section 5)	\$
Retirement Accounts (IRAs, 401Ks, 403Bs, Pensions, etc.) (Report full value minus tax and interest penalties that would apply if assets were distributed today) (Complete Section 3)	\$ 188,000	Mortgages on Real Estate Excluding Primary Residence Debt (Complete Section 4)	\$ 185,600
Brokerage, Investment Accounts	\$ 155,000	Notes, Obligations on Personal Property (Complete Section 6)	\$ 250,000
Assets Held in Trust	\$	Notes & Accounts Payable to Banks and Others (Complete Section 2)	\$ 50,000
Loans to Shareholders & Other Receivables (Complete section 6)	\$	Other Liabilities (Complete Section 8)	\$
Real Estate Excluding Primary Residence (Complete Section 4)	\$ 200,000	Unpaid Taxes (Complete Section 8)	\$ 28,900
Life Insurance (Cash Surrender Value Only) (Complete Section 5)	\$ 25,000		
Other Personal Property and Assets (Complete Section 6)	\$ 12,500		
Business Interests Other Than the Applicant Firm (Complete Section 7)	\$ 25,000		
Total Assets	\$ 607,850	Total Liabilities	\$ 514,500
		NET WORTH	93,350

Section 2. Notes Payable to Banks and Others

Name of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral
Wells Fargo Bank (line of credit)	300,000	250,000	1250	monthly	Personal assets
Wells Fargo Bank	200,000	185,600	1950	monthly	Real properties

Section 3. Brokerage and custodial accounts, stocks, bonds, retirement accounts. (Full Value) (Use attachments if necessary).

Name of Security / Brokerage Account / Retirement Account	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
Prudential Retirement Brokerage Account (1/2 share)	188,000	188,000	08/30/2015	188,000

Section 4. Real Estate Owned (Including Primary Residence, Investment Properties, Personal Property Leased or Rented for Business Purposes, Farm Properties, or any Other Income Producing property). (List each parcel separately. Add additional sheets if necessary).

	Primary Residence	Property B	Property C
Type of Property	Single Family Home		
Address	123 My Home Ct Sacramento, CA 95123		
Date Acquired and Method of Acquisition (purchase, inherit, divorce, gift, etc.)	02/10/2009		
Names on Deed	JOHN DOE & MARY DOE		
Purchase Price	725,000		
Present Market Value	800,000		
Source of Market Valuation	zillow.com		
Name of all Mortgage Holders	Wells Fargo Bank		
Mortgage Acc. # and balance (as of date of form)	88555992201 690,000		
Equity line of credit balance			
Amount of Payment Per Month/Year (Specify)	2,900/month		

Section 5. Life Insurance Held (Give face amount and cash surrender value of policies, name of insurance company and beneficiaries).

Insurance Company	Face Value	Cash Surrender Amount	Beneficiaries	Loan on Policy Information
Prudential Life Insurance Co	250,000	50,000	John & Mary Doe	

Section 6. Other Personal Property and Assets (Use attachments as necessary)

Type of Property or Asset	Total Present Value	Amount of Liability (Balance)	Is this asset insured?	Lien or Note amount and Terms of Payment
Automobiles and Vehicles (including recreation vehicles, motorcycles, boats, etc.) Include personally owned vehicles that are leased or rented to businesses or other individuals.				
Household Goods / Jewelry	8,000	0	N/A	N/A
Other (List)				
Other household items	4,500			
Accounts and Notes Receivables				

Section 7. Value of Other Business Investments, Other Businesses Owned (excluding applicant firm)
Sole Proprietorships, General Partners, Joint Ventures, Limited Liability Companies, Closely-held and Public Traded Corporations

Section 8. Other Liabilities and Unpaid Taxes (Describe)

personal tax penalty from last year

Section 9. Transfer of Assets: Have you within 2 years of this personal net worth statement, transferred assets to a spouse, domestic partner, relative, or entity in which you have an ownership or beneficial interest including a trust? Yes No If yes, describe.

I declare under penalty of perjury that the information provided in this personal net worth statement and supporting documents is complete, true and correct. I certify that no assets have been transferred to any beneficiary for less than fair market value in the last two years. I recognize that the information submitted in this application is for the purpose of inducing 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 this personal net worth statement, and I authorize such agency to contact any entity named in the application or this personal financial statement, including the names 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 acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.


Digitally signed by William J. Horton
DN: cn=William J. Horton, o, ou,
email=wjhorton@hortonconstruction.com, c=US
Date: 2015.07.22 13:56:19 -0300
Signature (DBE/ACDBE Owner)

08/31/2015
Date

NOTARY CERTIFICATE:
(Insert applicable state acknowledgment, affirmation, or oath)

In collecting the information requested by this form, the Department of Transportation complies with Federal Freedom of Information and Privacy Act (5 U.S.C. 552 and 552a) provisions. The Privacy Act provides comprehensive protections for your personal information. This includes how information is collected, used, disclosed, stored, and discarded. Your information will not be disclosed to third parties without your consent. The information collected will be used solely to determine your firm's eligibility to participate in the Disadvantaged Business Enterprise (DBE) Program or Airport Concessionaire DBE Programs as defined in 49 C.F.R. Parts 23 and 26. You may review DOT's complete Privacy Act Statement in the Federal Register published on April 11, 2000 (65 FR 19477).

SAMPLE BIRTH CERTIFICATE

STATE BIRTH CERTIFICATE NUMBER		CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
THIS CHILD	1A. NAME OF CHILD—FIRST	1B. MIDDLE		1C. LAST			
	2. SEX	3A. Year born, M.D.Y. or Y.M.D.	3B. If unusual, Year born M.D. Y.M. Y.D.	4. HIREWEIGHT	5A. DATE OF BIRTH—MONTH, DAY, YEAR		5B. HOUR
PLACE OF BIRTH	6A. PLACE OF BIRTH—(Name of Birthplace)			6B. STREET ADDRESS—(Street, Number, or Section)			
	6C. CITY OR TOWN			6D. COUNTY			
MOTHER OF CHILD	7A. Birth Name of Mother—FIRST	7B. MIDDLE		7C. LAST		8. MARRIED—SURF	9. AGE OF MOTHER
	10A. NAME OF FATHER—FIRST			10B. MIDDLE		10C. LAST	
FATHER OF CHILD	10A. NAME OF FATHER—FIRST			10B. MIDDLE		10C. LAST	
	11. STATE OF BIRTH			12. AGE OF FATHER			
PARENT'S CERTIFICATION	I CERTIFY THAT I HAVE REVIEWED THE STATE OF CALIFORNIA AND THAT THE CHILD WAS BORN ALIVE AT THE DATE, DATE AND PLACE STATED.		12A. PARENT OF OTHER INFANT—SIGNATURE		13B. RELATIONSHIP TO CHILD		13C. DATE REVIEWED AND SIGNED
	I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE DATE, DATE AND PLACE STATED.		12A. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH)—DEGREE OR TITLE AND TYPED NAME		13B. RELATIONSHIP TO CHILD		13C. DATE REVIEWED AND SIGNED
ATTENDANT'S CERTIFICATION	I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE DATE, DATE AND PLACE STATED.		12A. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH)—DEGREE OR TITLE AND TYPED NAME		13B. RELATIONSHIP TO CHILD		13C. DATE REVIEWED AND SIGNED
	I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE DATE, DATE AND PLACE STATED.		12A. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH)—DEGREE OR TITLE AND TYPED NAME		13B. RELATIONSHIP TO CHILD		13C. DATE REVIEWED AND SIGNED
LOCAL REGISTRAR	14. YEAR OF BIRTH		15. LOCAL REGISTRAR—SIGNATURE				
	14. YEAR OF BIRTH		15. LOCAL REGISTRAR—SIGNATURE				



Resume Example

EDUCATION

California State University Sacramento

1994-1998

- Bachelors of Science in Construction Management

WORK EXPERIENCE

Owner, President, & C.E.O.

2006-Present | John Doe Construction Company

- Responsible for all aspects of the business' operations including office management, bidding, contract execution, and field operations.
- Manage multiple work crews and job sites with a full time staff of 15-20 employees.
- Handle all billing and invoicing.
- Sign off on all contracts, bids, and invoices.

Field Superintendent

2000-2006 | OBEO Construction Company

- Responsible for a work crew of 10 laborers.
- Planned daily work plans and assigned tasks to each laborer.
- Scheduled deliveries of materials and supplies to the job site and coordinated with vendors to ensure products arrived when needed.
- Communicated with onsite engineer and inspectors to ensure construction was executed to their satisfaction and within code.
- Troubleshoot any problems or issues that arose on the jobsite to ensure the project did not incur delays or setbacks.

Laborer

1998-2000 | OBEO Construction Company

- Operated heavy machinery, including excavators, back hoes, and bulldozers.
- Trained in excavation and rebar installation.
- Assisted with the installation of drainage ditches, retaining walls, and asphalt roadway surfaces.
- Completed safety training courses for roadway construction workers.

Truck Driver

1996-1998 | OBEO Trucking Company

- Drove long and short-haul delivery routes.
- Operated 1992 Peterbuilt trailer.
- Maintained all equipment and trailer.
- Responsible for the upkeep of necessary registrations, permits and insurance policies.

LICENSES & SKILLS

- Registered California State General "A" Contractor – License number 12345678
- California Commercial Driver License – CD958T87
- Certified International Building Inspector – License number 98765
- Microsoft Word, Excel, Publisher, and Outlook proficient

Duty Statement Example



John Doe Construction, Inc.

Duty Statement For:	John Doe
Job Title:	President/CEO

Job Description

ROLE AND RESPONSIBILITIES

- 1) Schedule the project in logical steps and budget time required to meet deadlines.
- 2) Determine labor requirements and dispatch workers to construction sites.
- 3) Inspect and review projects to monitor compliance with building and safety codes, and other regulations.
- 4) Interpret and explain plans and contract terms to administrative staff, workers, and clients, representing the owner or developer.
- 5) Prepare contracts and negotiate revisions, changes and additions to contractual agreements with architects, consultants, clients, suppliers and subcontractors.
- 6) Obtain all necessary permits and licenses.
- 7) Direct and supervise workers.
- 8) Study job specifications to determine appropriate construction methods.
- 9) Select, contract, and oversee workers who complete specific pieces of the project, such as painting or plumbing.
- 10) Requisition supplies and materials to complete construction projects.
- 11) Prepare and submit budget estimates and progress and cost tracking reports.
- 12) Develop and implement quality control programs.
- 13) Take actions to deal with the results of delays, bad weather, or emergencies at construction site.
- 14) Confer with supervisory personnel, owners, contractors, and design professionals to discuss and resolve matters such as work procedures, complaints, and construction problems.
- 15) Plan, organize, and direct activities concerned with the construction and maintenance of structures, facilities, and systems.

Proof of Initial Capital Investment Example



John Doe Construction, Inc.

1234 OBEO Lane

Sacramento, CA 95811

PROOF OF CAPITALIZATION NARRATIVE

On January 1, 2001 I invested \$5,100 of my personal funds to start the company. The funds came from a checking account and I have included a copy of the check as evidence. The \$5,100 contribution was used to purchase: chisels, drills, compressors, generators, and saws. I have also included the receipts from these purchases. The remaining balance was used to open a business bank account as well as pay for licensing fees with the Contractors State License Board and Corporation filing fees with the Secretary of State.

Proof of Initial Capital Investment Example



John Doe Construction, Inc.

1234 OBE0 Lane

Sacramento, CA 95811

		Receipt No.: 1
Paid by: JOHN DOE		Paid to: JOHN DOE CONSTRUCTION, INC.
Description		Amount:
RECEIPT FOR PURCHASE OF 5,100 SHARES OF CLASS "A" STOCK IN JOHN DOE CONSTRUCTION, INC.		\$5,100
		SUBTOTAL \$5,100
		DISCOUNT(S)
		TAX \$0.00
		TOTAL \$5,100
Date: 01/01/01	Received by: JANE DOE, SECRETARY/TREASURER	

Bank Authorization Example

Bank Number _____

Account Number _____

Account Number _____

Name of Corporation _____

I, the undersigned, hereby certify to _____, that I am the Secretary/Assistant Secretary and the designated officer of the _____ and minutes of _____, a duly organized and _____ the laws of the State of _____ (the "Corporation"); that the following is a true copy of resolution duly adopted by the Board of Directors of said Corporation at a meeting duly held _____ of _____, at which a quorum was present and acted throughout or adopted by the unanimous written consent of the Board of Directors; and that such resolutions are in full force and effect and have not been amended or rescinded.

SAMPLE

1. Resolved, that _____ (the "Bank") is hereby designated as a depository of the Corporation and that deposit accounts and/or time deposits (CDs) be opened and maintained in the name of this Corporation with Bank in accordance with the terms of the Bank's Deposit Agreement and Disclosures and the applicable rules and regulations for such accounts; that any one of the following officers or employees of the Corporation:

_____	_____
Name	Title
_____	_____
Name	Title
_____	_____
Name	Title
_____	_____
Name	Title

is hereby authorized, on behalf of this Corporation and in its name, to execute and to sign any application, deposit agreement, signature card and any other documentation required by Bank to open said accounts; to sign checks, drafts, notes, bills of exchange, acceptances, time deposits (CDs) or other orders for payment of money; to endorse checks, drafts, notes, bills, time deposits (CDs) or other instruments owned or held by this Corporation for deposit with Bank or for collection or discount by Bank; to accept drafts, acceptances, and other instruments payable at Bank; to place orders with Bank for the purchase and sale of foreign currencies on behalf of this Corporation; to execute and deliver an electronic fund transfers agreement and to make transfers or withdrawals by electronic transfer on behalf of the Corporation; to obtain an access device (including but not limited to a card, code, or other means of access to the Corporation's accounts) that may be used for the purpose of initiating electronic fund transfers [Corporation agrees and acknowledges that neither the Electronic Funds Transfer Act (15 U.S.C. 1693 et seq.) nor Regulation E (12 C.F.R. Part 205) are applicable to any such access device]; to establish and maintain a night deposit relationship; to execute and deliver a wire transfer agreement and to request, or to appoint or delegate from time to time such persons who may request, wires of funds; to enter into any agreements with the Bank for the provision by Bank of various Treasury Management services to this Corporation as such officer or employee may determine, in his or her sole discretion, and to sign any and all documents and take all actions required by Bank relative to such Treasury Management services or the performance of the Corporation's obligations thereunder, and that any such Treasury Management agreement(s) shall remain in full force and effect until written notice to terminate given in accordance with the terms of any such agreement shall have been received by Bank and that such termination shall not affect any action taken by the Bank prior to such termination; to rent or lease a safe deposit box from Bank, to execute the rental agreement or lease, to enter the safe deposit box and to terminate the rental agreement or lease; to take whatever other actions or enter in to whatever other agreements relating to the accounts or investment of funds in such accounts with Bank and to execute, amend, supplement and deliver to Bank such agreements on behalf of the Corporation upon such terms and conditions as such officer or employee may deem appropriate and to appoint and delegate, from time to time, such person(s) who may be authorized to enter into such agreements and take any other actions pursuant to such agreements in connection with said accounts that the officer or employee deems necessary; and to waive presentment, demand, protest, and notice of protest or dishonor of any check, note, bill, draft, or other instrument made, drawn or endorsed by this Corporation; and

2. Further Resolved, that the Bank be and is hereby authorized to honor, receive, certify, pay or exchange for money orders or other instruments all instruments signed in accordance with the foregoing resolutions even though such payment may create an overdraft or even though such instruments may be drawn or endorsed to the order of any officer or employee signing the same or tendered by such officer or employee or a third party for exchange or cashing, or in payment of the individual obligation of such officer or employee, or for deposit to such officer's or employee's personal account and Bank shall not be required or be under any obligation to inquire as to the circumstances of the issuance or use of any instrument signed in accordance with the foregoing resolutions or the application or disposition of such instrument or the proceeds thereof; and, further, that the Bank is authorized to honor any instructions regarding withdrawals, orders for payment or transfer of funds whether oral, by telephone or electronic means if such withdrawal, orders or transfer are initiated by an above authorized officer or employee; and

Bank Authorization Example

3. Further Resolved, that the Bank be and is hereby requested, authorized and directed to honor and to treat as authorized, checks, drafts or other orders for the payment of money drawn or purportedly drawn in this Corporation's name, including those payable to the individual order of any person whose name appears thereon as signer thereof, when bearing or purporting to bear the facsimile signature of an officer or employee authorized in the foregoing resolutions and Bank shall be entitled to honor, to treat as authorized, and to charge this Corporation for such checks, drafts, or other orders regardless of by whom or by what means the actual or purported facsimile signature thereon may have been affixed thereto, if such signature resembles the facsimile specimen duly certified to or filed with the Bank by the Secretary or Assistant Secretary or other officer of this Corporation or if such facsimile signature resembles any facsimile signature previously affixed to any check, draft, or other order drawn in the Corporation's name, which check, draft, or other order was accepted and paid without timely objection by the Corporation, thereby ratifying the use of such facsimile signature; and the Corporation hereby indemnifies and holds the Bank harmless against any and all loss, cost, damage or expense suffered or incurred by the Bank arising out of or in any way related to the misuse or unlawful or unauthorized use by a person of such facsimile signature; and

4. Further Resolved, that endorsements for deposits may be evidenced by the name of the Corporation being written on any check or other instrument deposited, without designation of the party making the endorsement, and Bank is authorized to supply any endorsement on any instrument tendered for deposit or collection.

5. Further Resolved, that the Secretary or Assistant Secretary of this Corporation shall certify to Bank the names and signatures of persons authorized to act on behalf of this Corporation under the foregoing resolutions and shall, from time to time hereafter, as changes in the identity of such officers and employees are made, immediately report, complete and certify such changes to Bank and shall submit to Bank new account signature card reflecting such change(s) in order to make such changes effective and Bank shall be fully protected in relying on such certifications and shall be indemnified against all claims, demands, expenses, losses, or damages resulting from, or growing out of, honoring the signature of any officer or employee so certified, or refusing to honor any signature not so certified; and

6. Further Resolved, the foregoing resolutions shall remain in full force and effect and the authority herein given to all of said persons shall remain irrevocable as far as Bank is concerned until three (3) business days after Bank is notified in writing of the revocation of such authority and that receipt of such notice shall not affect any action taken by said Bank prior thereto; and

7. Further Resolved, that all transactions by any officer or employee of this Corporation on its behalf and in its name with Bank prior to the delivery to Bank of a certified copy of the foregoing resolutions are, in all respects, hereby ratified, confirmed, approved and adopted; and

8. Further Resolved, that the Secretary or Assistant Secretary be and hereby is, authorized and directed to certify these resolutions to said Bank and that the provisions hereof are in conformity with the Charter or Articles of Incorporation and Bylaws of this Corporation and that the Secretary or Assistant Secretary be, and hereby is, authorized and directed to certify, from time to time hereafter, the names of the holders of the above authorized titles and their signatures on any signature card or other documentation required by said Bank.

In Witness Whereof, I have hereunto subscribed my name and affixed the seal of this Corporation, this _____ day of _____

(Corporate Seal)

Bank Information

Date: _____

Banking Center Name: _____

Associate's Name: _____

Associate's Phone Number: _____

Bank Signature Card Example

Account Title _____

Legal Designation: Individual/Sole Proprietor C Corporation S Corporation Partnership Trust / Estate
 Limited Liability Company. Enter tax classification (C=C Corp, S= S Corp, P=Partnership) _____
 Unincorporated Association Other _____
 Tax Identification Number: _____

By signing below, I/we acknowledge and agree that this account is and shall be governed by the terms and conditions set forth in the following documents, as amended from time to time: (1) If this account is a deposit account, the Deposit Agreement and Disclosures, the Business Schedule of Fees, and (2) If this account is a Line of Credit, the applicable Line of Credit Agreement and Disclosures. Furthermore, I/we acknowledge the receipt of these documents. By signing below, I/we acknowledge and agree that the signature(s) will serve as verification for any transactions in connection with this account, and any Line of Credit checks which I/we may sign, and as the certification (set forth below) of the taxpayer identification number to which I/we want interest reported. The Deposit Agreement includes a provision for alternative dispute resolution.

Substitute Form W-9 certification. Under penalty of perjury, I certify that: (1) The number on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person (defined in the instructions).

Certification Instructions: You must cross out Item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See also IRS Instructions for Form W-9.)

The Internal Revenue Service does not intend for any provision of this document other than the certifications required to avoid backup withholding.

Exempt (check if applicable)
 Nonresident Alien Status (check if applicable). If all beneficial owners are considered Nonresident Aliens under the United States tax law, check here and complete and sign the applicable Form(s) W-8.

	Name (typed or printed)	Title (if applicable)	Signature	Date
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

ATM/Deposit Check Card Request
 Provided that the account referenced above is eligible to receive automated teller machine cards and/or Check Cards, I (as authorized by the resolution and/or court documents and/or other agreements which authorize this account) hereby request the issuance of such cards to any of the authorized signers on this account.

Signature _____ Title _____ Date _____

Bank Information

Customer 1
 Name _____
 CIP Information: ID Type: _____ ID #: _____ ID Issuer: _____ Issue Date: _____ Expiration Date: _____
 CIP Information: ID Type: _____ ID #: _____ ID Issuer: _____ Issue Date: _____ Expiration Date: _____

Customer 2
 Name _____
 CIP Information: ID Type: _____ ID #: _____ ID Issuer: _____ Issue Date: _____ Expiration Date: _____
 CIP Information: ID Type: _____ ID #: _____ ID Issuer: _____ Issue Date: _____ Expiration Date: _____

Customer 3
 Name _____
 CIP Information: ID Type: _____ ID #: _____ ID Issuer: _____ Issue Date: _____ Expiration Date: _____
 CIP Information: ID Type: _____ ID #: _____ ID Issuer: _____ Issue Date: _____ Expiration Date: _____

Customer 4
 Name _____
 CIP Information: ID Type: _____ ID #: _____ ID Issuer: _____ Issue Date: _____ Expiration Date: _____
 CIP Information: ID Type: _____ ID #: _____ ID Issuer: _____ Issue Date: _____ Expiration Date: _____

Review Information

Business Entity/Sole Proprietorship with EIN Telephone Inquiry: _____

Date: _____	Banking Center Name & Cost Center: _____
Associate Name: _____	Associate's Phone Number: _____

Bank Signature Card Example

Business Signature Card

Title	Business Checking	Community Office No.	Bank Number
		Telephone No.	Effective Date
1. Name/Title	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3. Name/Title	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
2. Name/Title	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	4. Name/Title	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Number of Signatures Required	1	Type of Organization	
Status	New agreement	Pre	Date
Other	ate Establish	Special Rules for New	Cleared

(See Agreement on Reverse Side)

Tax ID Number	Tax ID Holder
---------------	---------------

The persons or officers designated on the front of this card are authorized to sign on the account or enter the safe deposit box listed. This supersedes any previous designation of authorized persons. If no previous card has been signed for this account or box, this authorizes you to establish the account, or rent the box. For a box, the Customer agrees to the terms of the Safe Deposit Box Agreement. Unless the Customer is an unincorporated non-business association of natural persons, if a PIN has been supplied with this card, the Customer also agrees to the Business ATM Card Agreement and acknowledges receipt of the Business Electronic Banking Disclosures.

By	By
X	X
Name/Title	Name/Title
Identification	Safe Deposit Contract Dates

Special Instructions

This is the Company's notice that it is terminating the rental of the safe deposit box listed. The Company certifies that all property in the box has been removed and is in its possession. The Company releases the Bank from all claims and liabilities resulting in any way from the rental of the box.

Signature	Date
Keys given to and box found empty by	
Date of Death	
Notification Date	Time

License Example

STATE OF CALIFORNIA

Contractors State License Board

Pursuant to Chapter 9 of Division 3 of the Business and Professions Code
and the Rules and Regulations of the Contractors State License Board,
the Registrar of Contractors does hereby issue this license to:

JOHN DOE CONSTRUCTION

SAMPLE

to engage in the business or act in the capacity of a contractor
in the following classification(s):

A - General Engineering Contractor

Witness my hand and seal this day,

SIGNATURE OF LICENSE QUALIFIER

This license is the property of the Registrar of Contractors.
It is not transferable, and shall be returned to the Registrar
upon demand when suspended, revoked, or is expired
for any reason. It becomes void if not retrieved.

123456

License Number

Articles of Incorporation Example

ARTICLES OF INCORPORATION

OF

JOHN DOE CONSTRUCTION, INC.

ONE: The name of this corporation is John Doe Construction Company, Inc.

TWO: The purpose of this corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California, including the banking business, trust company business, or the practice of a profession permitted to be incorporated by the California Corporations Code.

THREE: The name and address in this state of the corporation's initial agent for service of process is: 234 OBEON AVE, Sacramento, California, 95811

FOUR: This Corporation is authorized to issue only one class of shares of stock that shall be designated common stock. The total number of shares it is authorized to issue is 100,000 shares.

FIVE: The liability of the directors of the corporation for monetary damages shall be eliminated to the fullest extent permissible under California law.

SIX: The Corporation is authorized to indemnify the directors and officers of the corporation to the fullest extent permissible under California law.

IN WITNESS WHEREOF, the undersigned, being the Incorporator, has executed these Articles of Incorporation.



Corporation Statement of Information Example



State of California Secretary of State

S

Statement of Information

(Domestic Stock and Agricultural Cooperative Corporations)

FEES (Filing and Disclosure): \$25.00.

If this is an amendment, see instructions.

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME

2. CALIFORNIA CORPORATE NUMBER

This Space for Filing Use Only

No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check this box and proceed to Item 4.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE CA	ZIP CODE
6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4	CITY	STATE	ZIP CODE

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

7. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
8. SECRETARY	ADDRESS	CITY	STATE	ZIP CODE
9. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE

Names and Complete Addresses of All Directors, Including Directors Who are Also Officers (The corporation must have at least one director. Attach additional pages, if necessary.)

10. NAME	ADDRESS	CITY	STATE	ZIP CODE
11. NAME	ADDRESS	CITY	STATE	ZIP CODE
12. NAME	ADDRESS	CITY	STATE	ZIP CODE

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

Agent for Service of Process If the agent is an individual, the agent must reside in California and item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS			
15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE CA	ZIP CODE

Type of Business

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

DATE	TYPE/PRINT NAME OF PERSON COMPLETING FORM	TITLE	SIGNATURE
------	---	-------	-----------

Corporation Bylaws Example

BYLAWS OF JOHN DOE CONSTRUCTION INCORPORATED

ARTICLE I OFFICES AND AGENTS

Section 1. PRINCIPAL EXECUTIVE OFFICE.

The principal executive office for the transaction of business of the corporation is hereby fixed and located at

The location of the principal executive office may be changed by approval of a majority of the authorized directors, and additional offices may be established and maintained at such other place or places, either within or without the State of California, as the Board of Directors may from time to time designate.

Section 2. OTHER OFFICES.

The Board of Directors at any place or places where the corporation is qualified to do business may at any time establish branch or subordinate offices.

Section 3. REGISTERED AGENTS.

The corporation shall have and maintain a registered agent within the State of California and all within all other states in which it is required by applicable law.

Corporation Bylaws Example

ARTICLE II DIRECTORS - MANAGEMENT

Section 1. RESPONSIBILITY OF BOARD OF DIRECTORS.

Subject to the provisions of the corporation laws of the State of California (the "Corporation Law") and to any limitations in the Articles of Incorporation of the corporation relating to action required to be approved by the Shareholders, as that term is defined in Section 153 of the California Corporations Code, or by the outstanding shares, as that term is defined in Section 152 of the California Corporations Code, the business and affairs of the corporation shall be managed and all corporate powers shall be exercised by or under the direction of the Board of Directors. The Board may delegate the management of the day-to-day operation of the business of the corporation to a management company or other person, provided that the business and affairs of the corporation shall be managed and all corporate powers shall be exercised under the ultimate direction of the Board of Directors.

Each Director shall perform the duties of a Director, including the duties as a member of any committee of the Board upon which the Director may serve, in good faith, in a manner such Director believes to be in the best interests of the corporation, and with such care, including reasonable inquiry, as an ordinary prudent person in a like position would use under similar circumstances. (Sec. 309 of the California Corporations Code)

Section 2. NUMBER AND QUALIFICATION OF DIRECTORS.

Subject to the Articles of Incorporation, the authorized Number of Directors shall be Three [at least one if only one shareholder; at least two if two shareholders; at least three if three or more shareholders] until changed by a duly adopted amendment to the Articles of Incorporation if the number is fixed in the Articles of Incorporation or otherwise by an amendment to this bylaw adopted by the vote or written consent of holders of a majority of the outstanding shares entitled to vote. Each Director shall be a natural person of full age. A Director need not be a shareholder unless so required by the Articles of Incorporation. No reduction of the authorized number of Directors shall have the effect of removing any Director before that Director's term of office expires.

Section 3. ELECTION, CUMULATIVE VOTING, AND TERM OF OFFICE OF DIRECTORS.

Subject to notice of cumulative voting and unless otherwise provided in the Articles of Incorporation, Directors shall be elected by the majority of the shares entitled to vote present, in person, or by proxy at each annual meeting of the Shareholders to hold office until the next annual meeting. Each Director, including a Director elected to fill a vacancy, shall hold office until the expiration of the term for which elected and until a successor has been elected and qualified or until such director's earlier resignation or removal.

Corporation Bylaws Example

ARTICLE IV OFFICERS - MANAGEMENT

Section 1. OFFICERS.

The officers of the corporation shall be a President, a Secretary, and a Chief Financial Officer. The corporation may also have, at the discretion of the Board of Directors, a Chairman of the Board, one or more Vice Presidents, one or more Assistant Secretaries, one or more Assistant Treasurers, and such other Officers as may be appointed in accordance with the provisions of Section 3 of this Article. Any number of offices may be held by the same person. Any two or more offices may be held simultaneously by the same person, except the offices of President and Secretary unless the Corporation has only one shareholder.

Section 2. ELECTION OF OFFICERS.

The officers of the corporation, except such officers as may be appointed in accordance with the provisions of Section 3 relating to appointment of subordinate officers or Section 5 relating to vacancies of this Article, shall be chosen annually by the Board of Directors, and each shall hold office until he or she shall resign or shall be removed or otherwise disqualified to serve, or a successor shall be elected and qualified.

Section 3. SUBORDINATE OFFICERS.

The Board of Directors may appoint such other officers as the business of the corporation may require, each of whom shall hold office for such period, have such authority and perform such duties as are provided in the Bylaws or as the Board of Directors may from time to time determine.

Section 4. REMOVAL AND RESIGNATION OF OFFICERS.

Subject to the rights, if any, of an officer under any contract of employment, any officer may be removed, either with or without cause, by the Board of Directors, at any regular or special meeting to the Board. Any officer may resign at any time by giving written notice to the corporation. Any resignation shall take effect at the date of the

Corporation Bylaws Example

receipt of that notice or at any later time specified in that notice; and, unless otherwise specified in that notice, the acceptance of the resignation shall not be necessary to make it effective. Any resignation is without prejudice to the rights, if any, of the corporation under any contract to which the officer is a party.

Section 5. VACANCIES IN AN OFFICE.

A vacancy in any office because of death, resignation, removal, disqualification or any other cause shall be filled in the manner prescribed in the Bylaws for regular appointments to that office.

Section 6. CHAIRMAN OF THE BOARD.

The Chairman of the Board, if such an officer be elected, shall, if present, preside at meetings of the Board of Directors and exercise and perform such other powers and duties as may be from time to time assigned by the Board of Directors or prescribed by the Bylaws. If there is no President, the Chairman of the Board shall in addition be the Chief Executive Officer of the corporation and shall have the powers and duties prescribed in Section 7 of the Article VII.

Section 7. PRESIDENT.

Subject to such supervisory powers, if any, as may be given by the Board of Directors to the Chairman of the Board, if there be such an officer, the President shall be the Chief Executive Officer of the corporation and shall, subject to the control of the Board of Directors, have general supervision, direction and control of the business and officers of the corporation. He or she shall preside at all meetings of the Shareholders and in the absence of the Chairman of the Board, or if there be none, at all meetings of the Board of Directors. The President shall be ex officio a member of all the standing committees, including the Executive Committee, if any, and shall have the general powers and duties of management usually vested in the office of President of a corporation, and shall have such other powers and duties as may be prescribed by the Board of Directors or the Bylaws.

Section 8. VICE PRESIDENT.

In the absence or disability of the President, the Vice Presidents, if any, in order of their rank as fixed by the Board of Directors, or if not ranked, the Vice President designated by the Board of Directors, shall perform all the duties of the President, and when so acting shall have all the powers of, and be subject to, all the restrictions upon, the President. The Vice Presidents shall have such other powers and perform such other duties as from time to time may be prescribed for them respectively by the Board of Directors or the Bylaws.

Corporation Bylaws Example

Section 9. SECRETARY.

The Secretary shall have the following duties:

(A) Book of Minutes. The Secretary shall keep, or cause to be kept, a book of minutes at the principal office or such other place as the Board of Directors may order, of all meetings of Directors and Shareholders, with the time and place of holding, whether regular or special, and if special, how authorized, the notice thereof given, the names of those present at Directors' meetings, the number of shares present or represented at Shareholders' meetings and the proceedings thereof.

(B) Record of Shareholders. The Secretary shall keep, or cause to be kept, at the principal office or at the office of the corporation's transfer agent, a share register, or duplicate share register, showing the names of the Shareholders and their addresses; the number and classes of shares held by each; the number and date of certificates issued for the same; and the number and date of cancellation of every certificate surrendered for cancellation.

(C) Notice of Meetings. The Secretary shall give, or cause to be given, notice of all the meetings of the Shareholders and of the Board of Directors required by the Bylaws or by law to be given. He or she shall keep the seal of the corporation in safe custody, and shall have such other powers and perform such other duties as may be prescribed by the Board of Directors or by the Bylaws.

(D) Other Duties. The Secretary shall keep the seal of the corporation, if any, in safe custody. The Secretary shall have such other powers and perform such other duties as prescribed by the bylaws or by the Board of Directors.

Section 10. CHIEF FINANCIAL OFFICER - TREASURER.

The Chief Financial Officer shall keep and maintain, or cause to be kept and maintained in accordance with generally accepted accounting principles, adequate and correct accounts of the properties and business transactions of the corporation, including accounts of its assets, liabilities, receipts, disbursements, gains, losses, capital, earnings (or surplus) and shares. The books of account shall at all reasonable times be open to inspection by any Director.

The Chief Financial Officer shall deposit all moneys and other valuables in the name and to the credit of the corporation with such depositaries as may be designated by the Board of Directors. He or she shall disburse the funds of the corporation as may be ordered by the Board of Directors, shall render to the President and Directors, whenever they request it, an account of all of his or her transactions and of the financial condition of the corporation, and shall have such other powers and perform such other duties as may be prescribed by the Board of Directors or the Bylaws.

Corporation Bylaws Example

ARTICLE V MEETINGS OF SHAREHOLDERS

Section 1. PLACE OF MEETINGS.

Unless otherwise provided in the Articles of Incorporation, all meetings of the Shareholders shall be held at the principal executive office of the corporation within the State of California unless some other appropriate and convenient geographical location is designated for that purpose from time to time by a resolution of the Board of Directors.

Section 2. ANNUAL MEETINGS OF SHAREHOLDERS.

The annual meetings of the Shareholders shall be held, each year, at the time and on the day and location following:

Time of Annual Meeting:
Date of Annual Meeting:
Location of Annual Meeting:

If this day shall be a legal holiday, then the meeting shall be held on the next succeeding business day, at the same hour. At the annual meeting, the Shareholders shall elect a Board of Directors, consider reports of the affairs of the corporation and transact such other business as may be properly brought before the meeting. The initial annual meeting of Shareholders shall be held within fifteen (15) months of the date of the filing of the Articles of Incorporation with the Secretary of State.

Section 3. SPECIAL MEETINGS OF SHAREHOLDERS.

Special meetings of the Shareholders may be called at any time by the Board of Directors, Chairman of the Board of Directors, the President, or by one or more Shareholders holding not less than one-tenth (1/10) of the votes entitled to be cast on any issue proposed to be considered at the special meeting.

Upon receipt of a written request addressed to the Chairman, President, Vice President, or Secretary, mailed or delivered personally to such officer by any person (other than the Board) entitled to call a special meeting of Shareholders, such officer shall cause notice to be given to the Shareholders entitled to vote, and a meeting will be held at a time requested by the person or persons calling the meeting, not less than thirty-five (35) nor more than sixty (60) days after the receipt of such request. If such notice is not given within twenty (20) days after receipt of such request, the persons calling the meeting may give notice thereof in the manner provided by these Bylaws or apply to the Superior Court as provided in Sec. 305(c)(2) of the California Corporations Code.

Board Meeting Minutes Example

MINUTES OF ANNUAL MEETING OF THE BOARD OF DIRECTORS OF

John Doe Construction, Inc

The annual meeting of the board of directors of the above named corporation was held on: January 1, 2001 at 1:00pm

Present was:

John Doe
Jane Doe

John Doe was requested to be the temporary Chairman of the meeting.

Jane Doe was requested to be the temporary Secretary of the meeting.

1. The meeting was called to order. It was determined that a quorum was present either in person or by proxy, and the meeting could conduct business.

The following directors were present:

Names of directors:
John Doe
Jane Doe

2. The Secretary determined and reported that notice of the meeting had been properly given or waived by directors in accordance with the bylaws.

3. A motion was made and carried, that the Secretary was ordered to attach the documentation (If any) or the appropriate affidavit of mailing of notice or waiver of notice to the meeting minutes. If no notice is attached, all directors agreed that proper notice of the meeting had been given.

4. There was presented to the meeting, a copy of the minutes of the previous meeting of the board directors.

5. Upon motion duly made, seconded and unanimously carried, it was resolved that the following persons were elected to serve as officers of the corporation until the next board of directors meeting:

John Doe	President/Chief Executive Officer
Jane Doe	Treasurer/Secretary

6. Upon motion duly made, seconded and unanimously carried, it was resolved that the hourly wages or salaries of the following officers were fixed at the following rates:

\$51,000	President/Chief Executive Officer
\$49,000	Treasurer/Secretary

Board Meeting Minutes Example

7. The president presented the annual presidents report of the corporation.
8. The treasurer of the corporation presented the treasurers report, which stated that the previous taxable year had:
 - a) a gross receipts total of: n/a
 - b) a gross profit total of: n/a
 - c) a net profit total of: n/a

Upon motion duly made, seconded and unanimously carried, it was resolved that the secretary would attach a copy of the treasurers report to the corporate minutes book.

9. Upon motion duly made, seconded and unanimously carried, it was resolved that a dividend of \$50 per share of common stock would be declared on the stock of the corporation. The officers of the corporation are directed to take action to carry out payment of dividends.

10. The following other business was transacted:

n/a

11. The directors ratified and approved all documents presented.

There was no further business, and upon motion made, seconded, and unanimously carried, it was RESOLVED, that all the items and documents have been examined by all directors, and are approved and adopted, and that all actions taken thus far have been ratified and approved by the directors of the Corporation.

There being no further business, upon motion made and carried, the meeting was adjourned.

Dated: January 1, 2001

Secretary _____ Jane Doe
Signature Printed Name

Witness:

Signature John Doe
Printed Name

Stock Certificate Example

Certificate No. **1** For **5,100** Share(s)
Issued to **JOHN DOE**

From whom transferred

ORIGINAL ISSUE

Received Certificate No. _____

for _____ day of _____

Dated
No. ORIGINAL
CERTIFICATE

No. ORIGINAL
SHARES

SHARES
TRANSFERRED

Dated _____

NUMBER

1

INCORPORATED UNDER THE LAWS OF THE STATE OF CALIFORNIA

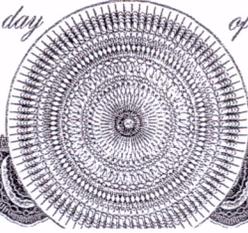
SHARES

100

JOHN DOE CONSTRUCTION, INC.

This Certifies that **JOHN DOE** is the
registered holder of **Five Thousand One Hundred** Shares
of the above named Corporation transferable only on the books of the Corporation by the
holder hereof in person or by Attorney upon surrender of this Certificate properly endorsed.

In Witness Whereof, the said Corporation has caused this Certificate to be signed
by its duly authorized officers and its Corporate Seal to be hereunto affixed
this _____ day of _____ A. D.



S-Corporation Federal Taxes Example

Note: Federal tax forms must be submitted in their entirety, including all Schedules, for the three (3) previous years

Form 1120S Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">U.S. Income Tax Return for an S Corporation</h2> <p style="font-size: small; margin: 0;">▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation. ▶ See separate instructions.</p>	OMB No. 1545-0130 2011
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For calendar year 2011 or tax year beginning **January 1**, 2011, ending **January 1**, 20**12**

A S election effective date		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TYPE</td> <td>Name JOHN DOE CONSTRUCTION, INC.</td> </tr> <tr> <td>OR</td> <td>Number, street, and room or suite no. If a P.O. box, see instructions. 1234 OBELO LANE</td> </tr> <tr> <td>PRINT</td> <td>City or town, state, and ZIP code SACRAMENTO, CA 95811</td> </tr> </table>	TYPE	Name JOHN DOE CONSTRUCTION, INC.	OR	Number, street, and room or suite no. If a P.O. box, see instructions. 1234 OBELO LANE	PRINT	City or town, state, and ZIP code SACRAMENTO, CA 95811	D Employer identification number 11-1111111
TYPE	Name JOHN DOE CONSTRUCTION, INC.								
OR	Number, street, and room or suite no. If a P.O. box, see instructions. 1234 OBELO LANE								
PRINT	City or town, state, and ZIP code SACRAMENTO, CA 95811								
B Business activity code number (see instructions)			E Date incorporated 01-01-01						
C Check if Sch. M-3 attached <input type="checkbox"/>			F Total assets (see instructions) \$ 1,200,000						

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If "Yes," attach Form 2553 if not already filed

H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year ▶

Caution. Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a	Merchant card and third-party payments. For 2011, enter -0-						
	1b	Gross receipts or sales not reported on line 1a (see instructions)	550679					
	1c	Total. Add lines 1a and 1b	XXXXX					
	1d	Returns and allowances plus any other adjustments (see instructions)						
	1e	Subtract line 1d from line 1c				XXXXXXXXX		
	2	Cost of goods sold (attach Form 1125-A)				XXXXXXXXX		
3	Gross profit. Subtract line 2 from line 1e				XXXXXXXXX			
4	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)				XXXXXXXXX			
5	Other income (loss) (see instructions—attach statement)							
6	Total income (loss). Add lines 3 through 5				XXXXXXXXX			
Deductions <small>(see instructions for limitations)</small>	7	Compensation of officers						
	8	Salaries and wages (less employment credits)						
	9	Repairs and maintenance						
	10	Bad debts						
	11	Rents						
	12	Taxes and licenses						
	13	Interest						
	14	Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)						
	15	Depletion (Do not deduct oil and gas depletion.)						
	16	Advertising						
	17	Pension, profit-sharing, etc., plans						
	18	Employee benefit programs						
	19	Other deductions (attach statement)						
	20	Total deductions. Add lines 7 through 19				XXXXXXXXX		
	21	Ordinary business income (loss). Subtract line 20 from line 6				XXXXXXXXX		
Tax and Payments	22a	Excess net passive income or LIFO recapture tax (see instructions)						
	22b	Tax from Schedule D (Form 1120S)						
	22c	Add lines 22a and 22b (see instructions for additional taxes)						
	23a	2011 estimated tax payments and 2010 overpayment credited to 2011						
	23b	Tax deposited with Form 7004						
	23c	Credit for federal tax paid on fuels (attach Form 4136)						
	23d	Add lines 23a through 23c						
24	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ <input type="checkbox"/>							
25	Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed							
26	Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid							
27	Enter amount from line 26 Credited to 2012 estimated tax Refunded ▶							

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer _____ Date _____ Title _____	May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name _____	Preparer's signature _____
	Firm's name ▶ _____	Firm's EIN ▶ _____
	Firm's address ▶ _____	Phone no. _____

TRUCKING FIRMS ONLY

DMV Registration Example



APPORTIONED REGISTRATION CAB CARD

STATE OF CALIFORNIA
DEPARTMENT OF MOTOR VEHICLES

P.O. Box 932320 MS H160 Sacramento, CA 94232-3200 (916) 657-7971

OPERATOR/LESSEE/REGISTRANT

1234 OBEO LANE
SACRAMENTO, CA 95811

OWNER/LESSOR

JOHN DOE TRUCKING

ISSUED: XX/XX/XXX EFFECTIVE: XX/XX/XXX EXPIRES: XX/XX/XXX

ACCOUNT NO. Fleet Supplier
TYPE OF CAP/LEASER MX
Plate Unit Yr-Model Make
Unladen Wt Axles Fuel Type Body Type
VIN Seats

THE VEHICLE DESCRIBED HEREIN HAS BEEN APPORTIONED BETWEEN THE STATE OF CALIFORNIA AND THE JURISDICTIONS SHOWN BELOW. Canadian Provinces are shown in kilograms, Quebec is shown in axles, all other jurisdictions are shown in pounds. Buses may be identified by the number of seats. No jurisdictions are to be listed after the row of asterisks, or the card is invalid.

AZ 80000	CA 80000	NV 80000	NM 80000	TX 80000
UT 80000	*** *****	*** *****	*** *****	*** *****
*** *****	*** *****	*** *****	*** *****	*** *****
*** *****	*** *****	*** *****	*** *****	*** *****
*** *****	*** *****	*** *****	*** *****	*** *****
*** *****	*** *****	*** *****	*** *****	*** *****
*** *****	*** *****	*** *****	*** *****	*** *****
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*** *****	*** *****	*** *****	*** *****	*** *****
*** *****	*** *****	*** *****	*** *****	*** *****

This apportioned Cab Card must be carried in the vehicle at all times. All fees are due to the State of California on or before the expiration date listed above. The cab card is non-transferable and must be surrendered with the license plate(s) if the vehicle is deleted from the fleet.

CARRIER RESPONSIBLE FOR SAFETY: USDOT

TRUCKING FIRMS ONLY

DMV Motor Carrier Permit Example

STATE OF CALIFORNIA BUSINESS, TRANSPORTATION AND TRADING AGENCY

DEPARTMENT OF MOTOR VEHICLES
 MOTOR CARRIER SERVICES BRANCH MS G875
 P.O. BOX 932370 Sacramento, CA. 94232-3700
 (916) 657-8153



JOHN DOE TRUCKING
 1234 OBEO LANE
 SACRAMENTO, CA 95811

SAMPLE

 <h3 style="margin: 0;">MOTOR CARRIER PERMIT</h3>													
<p>DEPARTMENT OF MOTOR VEHICLES Motor Carrier Services Branch P.O. BOX 932370 Sacramento, CA. 94232-3700</p> <p>JOHN DOE TRUCKING 1234 OBEO LANE SACRAMENTO, CA 95811</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Valid From:</td> <td style="width: 35%;">XX/XX/XXXX</td> <td style="width: 15%;">Valid Through:</td> <td style="width: 35%;">XX/XX/XXXX</td> </tr> <tr> <td>CA#:</td> <td colspan="3">XXXXXXXX</td> </tr> <tr> <td colspan="4" style="padding: 5px;"> The carrier named on this permit, having made written application to the Department of Motor Vehicles for a permit to operate as a motor carrier of property as defined in vehicle code section 34601, and having met the requirements and paid the appropriate fees, is granted a permit of the following classification: </td> </tr> </table>	Valid From:	XX/XX/XXXX	Valid Through:	XX/XX/XXXX	CA#:	XXXXXXXX			The carrier named on this permit, having made written application to the Department of Motor Vehicles for a permit to operate as a motor carrier of property as defined in vehicle code section 34601, and having met the requirements and paid the appropriate fees, is granted a permit of the following classification:			
Valid From:	XX/XX/XXXX	Valid Through:	XX/XX/XXXX										
CA#:	XXXXXXXX												
The carrier named on this permit, having made written application to the Department of Motor Vehicles for a permit to operate as a motor carrier of property as defined in vehicle code section 34601, and having met the requirements and paid the appropriate fees, is granted a permit of the following classification:													
Pmt Date:	Office #:												
Account #:	Tech ID:												
Sequence #:	Amt Paid:												

!!!IMPORTANT REMINDERS!!!

1. Your permit will expire at midnight on the 'Valid Through' date. If you do not receive a renewal notice 30 days prior to the expiration date, please submit an original application and check the "Renewal" box.
2. Your insurance must remain valid through the term of your permit or a suspension action could occur.
3. Changes to your fleet are not required to be reported until your renewal.
4. Changes to your business entity may require a new CA# and application for another Motor Carrier Permit.
5. If you decide to no longer operate as a motor carrier of property, you must submit a 'Voluntary Withdrawal' form.
6. For changes to the address, business name, officers, or authorized representative's name, please complete the 'Notice of Change' form. Changes during your renewal period may be submitted on your renewal application.
7. You may download forms from the Internet at www.dmv.ca.gov or receive further information by calling: (916) 657-8153.

TRUCKING FIRMS ONLY
U.S. DOT Motor Carrier Certificate Example



U.S. Department of Transportation
Federal Motor Carrier Safety Administration

1200 New Jersey Ave., S.E.
Washington, DC 20590

SAMPLE

ERTICATE
XXXXXXXXXXXX
JOHN DOE TRUCKING
SACRAMENTO, CA

SERVICE DATE
XX/XX/XXXX

This Certificate is evidence of the carrier's authority to engage in transportation as a **common carrier of property (except household goods)** by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 366). The carrier shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

NOTE: Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.

CMO

TRUCKING FIRMS ONLY

Proof of Liability Insurance Example

CERTIFICATE OF LIABILITY INSURANCE

VADE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

CONTACT NAME:	
PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:	
PRODUCER CUSTOMER ID #:	
INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A:	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED

COVERAGES **CERTIFICATE NUMBER** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED, MAY CERTAIN, THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N N/A						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
Unidentified Trailer (2)						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER **CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

TRUCKING FIRMS ONLY

DMV Certificate of Insurance Example



DATE RECEIVED

CERTIFICATE OF INSURANCE

INTERNATIONAL REGISTRATION PLAN (IRP) OR PERMANENT FLEET REGISTRATION (PFR)

To meet financial responsibility requirements of supplying wide liability insurance, the following optional form to be completed by your insurance company and returned to the Department of Motor Vehicles, International Registration Plan Branch with your renewal package. You may contact the insurance company to verify acceptable forms of insurance procedures listed in the California International Registration Plan Manual.

This policy covers all vehicles currently registered in the (IRP or PFR) commercial fleet indicated below (A fleet of 1 or more vehicles). This insurance complies with California Vehicle Code (CVC) 40100.

FLEET NAME		IRP/PFR ACCOUNT NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
POLICY NUMBER	POLICY EFFECTIVE DATE	EXPIRES	

The insurance company named below, which is authorized to do business in the State of California, to or for the benefit of the above named company.

NAME OF INSURANCE COMPANY	AGENT'S NAME	TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is correct.

EXECUTED AT (CITY AND STATE)	DATE
------------------------------	------

SIGNATURE OF INSURANCE REPRESENTATIVE

TRUCKING FIRMS ONLY

Title Certificate Example

STATE OF CALIFORNIA
CERTIFICATE OF TITLE

COMMERCIAL

VEHICLE ID NUMBER _____

BODY TYPE MODEL _____

MOTORCYCLE ENGINE NUMBER _____

REGISTERED OWNER(S) _____

TITLE ONLY

YR MODEL _____ MAKE _____ PLATE NUMBER _____

UNLADEN WEIGHT _____ FUEL _____ TRANSFER DATE _____ FEES PAID _____

REGISTRATION EXPIRATION DATE _____

YR 1ST SOLD _____ CLASS _____ *YR _____ MO _____ EQUIPMT/TRUST NUMBER _____ ISSUE DATE _____

ODOMETER DATE _____ ODOMETER READING _____

ACTUAL MILEAGE _____

VEHICLE HISTORY

SAMPLE

I certify (or declare) under penalty of perjury under the laws of the State of California that THE SIGNATURE(S) BELOW RELEASES INTEREST IN THE VEHICLE.

1a. _____ DATE _____ **X** _____ SIGNATURE OF REGISTERED OWNER

1b. _____ DATE _____ **X** _____ SIGNATURE OF REGISTERED OWNER

Federal and State law requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

The odometer now reads _____ (no tenths), miles and to the best of my knowledge reflects the actual mileage unless one of the following statements is checked.

WARNING Odometer reading is not the actual mileage. Mileage exceeds the odometer mechanical limits.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE	TRANSFEROR/SELLER SIGNATURE(S)	DATE	TRANSFeree/BUYER SIGNATURE(S)
	X		X
PRINTED NAME OF SELLER OR AGENT SIGNING FOR A COMPANY		PRINTED NAME OF BUYER OR AGENT SIGNING FOR A COMPANY	

IMPORTANT READ CAREFULLY

Any change of Lienholder (holder of security interest) must be reported to the Department of Motor Vehicles within 10 days.

LIENHOLDER(S) _____

2. **X** _____
 Signature releases interest in vehicle. (Company names must be countersigned)
 Release Date _____

CA

KEEP IN A SAFE PLACE - VOID IF ALTERED

Trucking Equipment List Example

Note: Form is NOT included in DBE Application packet. Please call the Analyst of the Day at (916) 324-1700 to request a copy

CALIFORNIA DEPARTMENT OF TRANSPORTATION, OFFICE OF BUSINESS & ECONOMIC OPPORTUNITY

TRUCKING EQUIPMENT LIST



Firm Name: **John Doe Trucking**

Firm ID: **XXXXX**

Owner Name: **John Doe**

Date: **XX/XX/XXXX**

YEAR / MAKE / MODEL / VEHICLE TYPE	VEHICLE DESCRIPTION (i.e. haul truck, dump truck, flatbed truck, bottom dump truck, etc)	DMV REGISTRATION (Owned / Leased)	If Owned, Certificate of Title (Y / N)	Truck (s) Location (Address)	Insured (Y/N)	Current Motor Carrier Permit Date
1994 / Peterbilt / 9000 DS / End Dump	End dump truck	Owned	Y	1234 OBEO Lane, Sacto, CA	Y	xx/xx/xxxx
1996 / Kenworth / 600 D / Tractor	Tractor	Owned	Y	1234 OBEO Lane, Sacto, CA	Y	xx/xx/xxxx

*** If you have more trucks, please make copies as needed**

Total Number of Trucks: 2

PLEASE PROVIDE SUPPORTING DOCUMENTATION:

- DMV Registration
- Motor Carrier Permit(s)
- Insurance (List of vehicles covered)

Send to:

CA. Department of Transportation
Office of Business & Economic Opportunity
1823 14th Street
Sacramento, CA 95811