

**NEW HAMPSHIRE DEPARTMENT OF TRANSPORTATION
REQUEST FOR INTERSTATE DBE CERTIFICATION**

Name: _____ Title: _____

Company Name: _____

Business Address: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Business Information

FEI or EIN Number: _____

Legal Business Structure (Choose One): Sole Proprietorship _____ Limited Liability

Company _____ Limited Liability Partnership _____ Partnership _____ Corporation _____

Other (describe) _____

Disadvantaged Owner(s) Information

Gender: Male _____ Female _____

Ethnic Group Membership: Black _____ Hispanic _____ Subcontinent Asian _____

Asian Pacific _____ Native American _____ Caucasian _____ Other (Specify) _____

Applicant Signature: _____ Date: _____

Please forward this request and a copy of your current Home State DBE certification letter via email to: Larisa.Djuvelek-Ruggiero@dot.nh.gov or by mail to:

NH Department of Transportation
Office of Federal Compliance – DBE Certification
7 Hazen Drive, PO Box 483
Concord, NH 03302-0483