



South Carolina Unified Certification Program
INFORMATION CHANGE REQUEST

Return completed form via the following options:
EMAIL: DBECertification@scdot.org
MAIL: SC Department of Transportation
 Office of Civil Rights Programs
 955 Park Street, Suite 117
 Columbia, SC 29201
FAX: 803 - 737-2021

This form is used to update information that is contained in the source database on the Unified Certification Program Directory. The firm's owner must approve all changes. **Depending upon the request change, you may be required to submit additional information.**

	CURRENT INFORMATION	CHANGE REQUEST
1	Company Name	Company Name
2	Mailing Address of Firm	Mailing Address of Firm
3	Street Address <i>(if different from above)</i>	Street Address <i>(if different from above)</i>
4	Contact Information <i>(Please include area code)</i> Business Phone: _____ Fax Number: _____ Home Phone: _____ Cell Phone: _____ Email: _____	Contact Information <i>(Please include area code)</i> Business Phone: _____ Fax Number: _____ Home Phone: _____ Cell Phone: _____ Email: _____
5	Owner's Name	Owner's Name
6	Contact Name	Contact Name
7	Type of Business Entity <input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership <input type="radio"/> Joint Venture <input type="radio"/> Corporation <input type="radio"/> Other: <input style="width: 80px; height: 15px;" type="text"/>	Type of Business Entity <input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership <input type="radio"/> Joint Venture <input type="radio"/> Corporation <input type="radio"/> Other: <input style="width: 80px; height: 15px;" type="text"/>
8	Federal Tax ID (or SSN)	Federal Tax ID (or SSN)
REQUEST FOR EXPANSION		
9	Current Certified Areas of Work	Requested Area(s) of Expansion

I declare under penalty of perjury that the information provided on this form is true and correct.

Signature of Majority Owner _____ **Date (mm/dd/yy)** _____

Updated By: _____ Date: _____
