## **PCLP Guarantee Request**

OMB Approval No.: 3245-0346 Effective Date: Expiration Date:

TO:	Sacramento Loan Processing Center Small Business Administration U.S. Federal Courthouse 501 I Street, Suite 12-100 Sacramento, CA 95814-2322		DATE:	
RE:	Applicant N	Applicant Name  Operating Company (OC) Name (If applicant is an Eligible Passive Company)		
	Operating (			
	(If more th	(If more than one OC, attach additional sheet with all OC names)		
FROM:	CDC			
	Contact			
	Address			
	Phone		FAX	
All of t	he following i	tems are enclosed:		
[] A.	. Copy of page	Copy of pages 2 and 7 of SBA Form 1244 (02-02), "Application for Section 504 Loan"		
[] B.	Copy of "S	Copy of "Supplemental Information for PCLP Processing" (Part B)		
[] C.	Original or facsimile of "Eligibility Information Required for PCLP Submission" (Part C			
Signature and Title of CDC			Date	

The estimated burden for completing this form is 5 minutes. You will not be required to respond to any collection of information unless it displays a currently valid OMB Control Number. Comments on the burden should be sent to U. S. Small Business Administration (SBA), Chief, AIB, 409 3rd Street, SW, Washington, DC 20416 and Desk Officer for SBA, Office of Management and Budget, New Executive Office Building, Rom 10202, Washington, DC 20503. OMB Control Number 3245-0346. PLEASE DO NOT SEND FORMS TO OMB.