



OMB NO: 2105-0554
 EXPIRATION DATE:
 MM/DD/YYYY

US Department of Transportation
 Office of Small and Disadvantaged Business Utilization
 Small Business Transportation Resource Center

Paperwork Reduction Act Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2105-0554. Public reporting for this collection of information is estimated to be approximately 5 minutes per response for the Regional Center Intake Form, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, U.S. Department of Transportation, Office of Small and Disadvantaged Business Utilization, Arthur D. Jackson, 1200 New Jersey Avenue, SE, Room W56-462, Washington, D.C. 20590.

Name of the SBTRC _____

The Regional Center Intake Form

Client No _____

1. Last Name:		2. First Name:	
3. Title:		4. Company Name:	
5. Address:			
6. City:		7. State:	8. Zip:
9. Phone:		10. Fax:	
11. Email Address:		12. Web Address:	
13. Type of Business:		14. Number of Employees:	
15. Length of Time in Continuous Operation:		16. DUNS #:	
17. Type of Certification:			
<input type="checkbox"/> a. DBE (identify certifying states (_____)) <input type="checkbox"/> b. Women-Owned Small Business <input type="checkbox"/> c. SDB <input type="checkbox"/> d. 8(a) <input type="checkbox"/> e. Service Disabled Veteran Owned Business <input type="checkbox"/> f. Veteran Owned Small Business <input type="checkbox"/> g. HubZone			
18. Primary Trade or Services you provide:		<input type="checkbox"/> NAICS	
19. Type of Assistance Requested:			
20. Referred by:		<input type="checkbox"/> c. STATE HIGHWAY <input type="checkbox"/> f. SBDC <input type="checkbox"/> g. PTAC <input type="checkbox"/> h. MBDC <input type="checkbox"/> j. Other	
<input type="checkbox"/> a. State Supportive Service Contractor <input type="checkbox"/> b. SCORE <input type="checkbox"/> c. TRANSIT <input type="checkbox"/> d. AIRPORT		Date:	

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