

## **PCLP Guarantee Request**

OMB Approval No.: 3245-0346 Expiration Date: 12/31/2009

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

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.

The PCLP CDC completes this form as part of the application package for Section 504 Loan and sends to: Sacramento Loan Processing Center, Small Business Administration, 6501 Sylvan Road, Suite 111, Citrus Heights, CA. 95610-5017 (or Fax to 916 735 0640).