OMB APPROVAL NO.: 3245-0346
EXPIRATION DATE: XX/XX/XXXX

Premier Certified Lenders Program (PCLP) Guarantee Request

The PCLP Certified Development Company (CDC) completes this form as part of the application package for a 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).

TO: Sacramento Loan Processing Center
Small Business Administration
U.S. Federal Courthouse
6501 Sylvan Road, Suite 111
Citrus Heights, CA 95610-5017

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 following items are enclosed:

[ ] A. Copy of pages 2 and 7 of SBA Form 1244 (02-16), "Application for Section 504 Loan"

[ ] B. Copy of "Supplemental Information for PCLP Processing" (Form 2234 Part B)

[ ] C. Original or facsimile of "Eligibility Information Required for PCLP Submission" (Form 2234 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, Room 10202, Washington, DC 20503. OMB Control Number 3245-0346. PLEASE DO NOT SEND FORMS TO OMB.