

VT Agency of Transportation  
**OUT OF STATE DBE CERTIFICATION REQUEST**

Legal Name of Firm: \_\_\_\_\_

Contact Person and Title  
 \_\_\_\_\_  
First Name Last Name Title

Business Address:  
 \_\_\_\_\_  
Street City State Zip

Mailing Address:  
*(if different)* \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Other: \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_

Ethnic group membership (check all that apply):  Black  Hispanic   
 American  Asian Pacific  Subcontinent Asian  Caucasian  Other (specify) \_\_\_\_\_

Original anniversary/certification Date: \_\_\_\_\_

NAICS Codes: \_\_\_\_\_

Specify the gross receipts of the firm for the last 3 years:

Year _____	Total \$ _____
Year _____	Total \$ _____
Year _____	Total \$ _____

Describe the primary activities of your firm for inclusion in our directory:

Please complete and send this form with a copy of your current home state DBE Certification Letter to:

**Sonya Boisvert**  
 Civil Rights Program Manager  
 Vermont Agency of Transportation  
 Office of Civil Rights  
 219 North Main Street  
 Barre, VT 05641  
 802-279-1330  
[Sonya.Boisvert@vermont.gov](mailto:Sonya.Boisvert@vermont.gov)  
[vtrans.vermont.gov/civil-rights](http://vtrans.vermont.gov/civil-rights)