



U.S. Department of Transportation
 Small Business Transportation Resource Center
Regional Center Intake Form

OMB Control Number: 2105-0554
 WCSBTRC Revision Date: 05/2018
 Form DOT F 4500

Public Burden Statement

Date: _____

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, including the time for reviewing instructions, gathering the data needed, and 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, Room E31-311, 1200 New Jersey Ave, SE, Washington, D.C. 20590.

PART A – CLIENT CONTACT INFORMATION

1. Full Legal Name of Business:	2. Full Street Address of Primary Business Location: STREET ADDRESS SUITE CITY ST ZIP	3. Website:
4. First Name:	5. Last Name:	6. Title:
7. Email Address:	8. Phone:	9. Mobile:

PART B – BUSINESS INFORMATION

10. Dun & Bradstreet (DUNS) #:	11. Registered in SAM System for Award Management YES NO	12. Type of Business Formation:	13. Primary Trade or Services Provided: NAICS Code(s)
14. Type of Contractor: <input type="checkbox"/> Prime <input type="checkbox"/> Subcontractor	15. Length of Time in Continuous Operation:	16. No of Employees (Last 3 Years): Year 1: Year 2: Year 3:	17. Revenue (Last 3 Years): Year 1: Year 2: Year 3:

18. Certification(s) – Check All That Apply:

<input type="checkbox"/> DBE States: _____	<input type="checkbox"/> SDB	<input type="checkbox"/> MWBE	<input type="checkbox"/> MBE Agency: _____
<input type="checkbox"/> 8(a)	<input type="checkbox"/> SDVOB	<input type="checkbox"/> WBE Agency: _____	
<input type="checkbox"/> VOB	<input type="checkbox"/> WOSB	<input type="checkbox"/> EDWOSB	<input type="checkbox"/> Non-Certified
<input type="checkbox"/> HubZone			

Answer the Following Questions if the business is interested in DOT's Financial Assistance or Bonding Programs

19. Does the business currently hold a surety bond? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Bond Amount _____ If not, has the business or a principal in the business held a surety bond in the past?: <input type="checkbox"/> Yes <input type="checkbox"/> No	20. Has the business or a principal in the business filed for bankruptcy in the past?: <input type="checkbox"/> Yes <input type="checkbox"/> No	21. Has a principal in the business had a prior felony conviction?: <input type="checkbox"/> Yes <input type="checkbox"/> No
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PART C – TYPE OF ASSISTANCE REQUESTED

22. Type of Assistance – Check All That Apply:

- Technical Assistance (accounting, planning, contract review, marketing, bidding and estimating, project management, financing, ect.)
- Financial Assistance
- Bonding Assistance and Education

Please provide a brief narrative of the type of assistance the business is seeking (be specific):

PART D – TO BE COMPLETED BY THE SBTRC

23. Region: West Central SBTRC (revised May 2018)	24. Date:	25. Client No:
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