



Return completed form to:
 SC Dept. of Transportation
 Office of Civil Rights Program
 955 Park Street, Suite 117
 Columbia, SC 29201
OR
 Fax to (803)737-2021

South Carolina Unified Certification Program
INFORMATION CHANGE REQUEST

This form is used to update information that is contained in the source database on the Unified Certification Program Directory. The firm's owner must approve all changes. **Depending upon the request change, you may be required to submit additional information.**

CURRENT INFORMATION		CHANGE REQUEST
1	Company Name	Company Name
2	Mailing Address of Firm	Mailing Address of Firm
3	Street Address (if different from above)	Street Address (if different from above)
4	Contact Information (Please include area code) Business Phone: _____ Fax Number: _____ Home Phone: _____ Cell Phone: _____ Email: _____	Contact Information (Please include area code) Business Phone: _____ Fax Number: _____ Home Phone: _____ Cell Phone: _____ Email: _____
5	Owner's Name	Owner's Name
6	Contact Name	Contact Name
7	Type of Business Entity <input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership <input type="radio"/> Joint Venture <input type="radio"/> Corporation <input type="radio"/> Other: <input type="text"/>	Type of Business Entity <input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership <input type="radio"/> Joint Venture <input type="radio"/> Corporation <input type="radio"/> Other: <input type="text"/>
8	Federal Tax ID (or SSN)	Federal Tax ID (or SSN)
REQUEST FOR EXPANSION		
9	Current Certified Areas of Work	Requested Area(s) of Expansion

I declare under penalty of perjury that the information provided on this form is true and correct.

Signature of Majority Owner _____ Date (mm/dd/yy) _____

Updated By: _____
Date: _____