



**Return completed form to:**  
 SC Dept. of Transportation  
 Office of Business Development  
 & Special Programs  
 955 Park Street, Room 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 <i>(if different from above)</i>	Street Address <i>(if different from above)</i>
4	Contact Information <i>(Please include area code)</i> Business Phone: _____ Fax Number: _____ Home Phone: _____ Cell Phone: _____ Email: _____	Contact Information <i>(Please include area code)</i> 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 Sole Proprietorship    Partnership    Joint Venture Corporation            Other: _____	Type of Business Entity Sole Proprietorship    Partnership    Joint Venture Corporation            Other: _____
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: _____