

Return completed form to:
 NC Dept of Transportation
 Unified Certification Program
 1511 Mail Service Center
 Raleigh, NC 27699-1511
 Or fax to (919) 508-1818

**North Carolina Unified Certification Program
 INFORMATION CHANGE REQUEST**

This form is used to update information that is contained in the source database and displayed on the Transportation Directory, as well as serve as any change in circumstances affecting the firm's ability to meet the criteria of the Federal Regulations. The firm's owner **must** approve all changes.

1.	Name of Firm		
		CURRENT INFORMATION	CHANGE TO:
2.	Contact Name		
3.	Contact Information <i>(Please include area codes)</i>	Business Phone: _____ Fax Number: _____ Email: _____	Business Phone: _____ Fax Number: _____ Email: _____
4.	Type of Business Entity	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____
5.	Federal Tax ID (or SSN)		
6.	Mailing Address of Firm		
7.	Street Address (if different from above)		
8.	Ownership Change	State Changes: _____ _____ _____ _____	
9.	Management Change	State Changes: _____ _____ _____ _____	

I declare under penalty of perjury that the information provided on this form is true and correct. ¹

Signature of owner _____ Date (mm/dd/yy) _____

¹ Knowingly and willfully providing false information to the Federal government is a violation of 18 U.S.C. Section 1001 (False Statements) and could subject you to fines, imprisonment or both.