



Return completed form to:  
 NC Dept of Transportation  
 Contractual Services Unit  
 1509 Mail Service Center  
 Raleigh, NC 27699-1509  
**Or**  
 fax to (919) 733-3584

**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 Contractor Directory. The firm's owner must approve all changes.

1.	<b>Name of Firm</b>		
2.	<b>Contact Information</b> <i>(Please include area codes)</i>	Business Phone: _____ Home Phone: _____ Fax Number: _____ Cell Phone: _____ Pager: _____ Email: _____	
		<b>CURRENT INFORMATION</b>	<b>CHANGE TO:</b>
3.	<b>Contact Name</b>		
4.	<b>Type of Business Entity</b>	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation Other: _____	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation <input type="checkbox"/> Other:
5.	<b>Federal Tax ID (or SSN)</b>		
6.	<b>Mailing Address of Firm</b>		
7.	<b>Street Address (if different from above)</b>		
8.	<b>NCDOT Work Codes</b>	_____ _____ _____ _____	_____ _____ _____ _____
9.	<b>NAICS Codes</b>	_____ _____ _____ _____	_____ _____ _____ _____

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) \_\_\_\_\_