

COMMONWEALTH OF VIRGINIA  
*Department of Small Business and Supplier Diversity*

**Request for DBE/ACDBE file by Business Owner**

*Please note:*

1. You **must be the majority business owner** -OR- if there is no owner with at least a majority ownership percentage, then you must be an owner –AND- the highest officer, to make this request for copies of your DBE/ACDBE application and documents.

*It is against the Federal Regulations for us to release information that may be reasonably construed as confidential business information to any third party without the written consent of the firm that submitted the information. This includes applications for DBE/ACDBE certification and supporting documentation.*

2. The costs for copies of DBE/ACDBE files are as follows:
  1. 10 cent per sheet of the application form and supporting documents
  2. \$30.00: processing fee
  3. \$30.00: mailing cost

Please contact the firm's DBE Certification Officer for an estimate of the total pages of the requested documents. A copy of the emailed estimate from the DBE Certification Officer **must** be included with this form. Payment is required in advance by check and checks are to be made out to the Treasurer of Virginia. We expect a five (5) day turn around for shipping of the file.

Please mail the completed form and check to:  
Department of Small Business and Supplier Diversity  
101 N. 14th Street, 11th Floor  
Richmond, VA 23219

**Company Name:**

**Owner Name:**

**Address:**

**City / State/ Zip:**

**Phone:**

**Email Address:**

**Certification number:**

**Documents Requested:**

I  (full name printed), swear or affirm under penalty of law that I am  (title) of applicant firm  (firm name).

**Business Owner's Signature:** \_\_\_\_\_

**Date:**

**Notary Certificate**

City / County of \_\_\_\_\_  
In the Commonwealth / State of \_\_\_\_\_  
The foregoing instrument was subscribed and sworn before me  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
By \_\_\_\_\_  
(name of person / DBE applicant)  
\_\_\_\_\_  
(Notary Signature)  
Notary Registration # \_\_\_\_\_  
My Commission expires: \_\_\_\_\_

**NOTARY SEAL**