



**South Dakota Unified Certification Program**  
**Interstate Certification Cover Letter**

Name of Firm [ \_\_\_\_\_ ]

The above firm is applying for Interstate Certification in the South Dakota Unified Certification Program (SDUCP) and complies with 49 CFR Part 23 and/or Part 26.

Mark all certifications the firm is applying for:

DBE       ACDBE

I affirm, as evidenced by my signature below, I am currently DBE/ACDBE certified by [ \_\_\_\_\_ ], the Jurisdiction of Original Certification (JOC) in which the above-named firm maintains its principal place of business.

I am also DBE/ACDBE certified with the following UCPs (*attach additional sheets as necessary*):

I have provided all information required by 49 CFR 26.85(c) to the SDUCP for inspection and review to determine eligibility for the South Dakota Unified Certification Program.

I further affirm under penalty of perjury in the United States that all information and statements provided are true, correct, and binding upon the individual(s) attesting to the information as provided by signature of the individual(s) qualifying for DBE/ACDBE certification below and on the DOE. I understand all documents, including complete records of certification applications, may be subject to review at any time by representatives of the SDUCP.

[ \_\_\_\_\_ ]      [ \_\_\_\_\_ ]  
Printed Name of Eligible Applicant      Signature of Eligible Applicant

[ \_\_\_\_\_ ]      [ \_\_\_\_\_ ]  
Email Address      Phone Number