



# MSCAA DBE Program Information Change Request

**Return completed form to:**

Attn: Certification  
3505 Tchulahoma Rd.  
Memphis, TN 38118

**Fax:** 901.922.2560

**Email:** [certification@mscaa.com](mailto:certification@mscaa.com)

This form is used to update information that is contained in the DBE databases maintained by both MSCAA and the TNUCP. The firm's owner must approve all changes. Depending on the changes requested, you may be required to submit additional information. Please note the databases are not meant for advertising purposes, but to give prospective prime and subcontract partners a quick and clear information regarding your firm's capabilities.

Current Information	Requested Changes
Company Name:	Company Name:
Mailing Address:	Mailing Address:
Street Address (If different):	Street Address (If different):
Contact Info (Please include area codes): Bus.: _____ Fax: _____ Secondary No.: _____ Email: _____	Contact Info (Please include area codes): Bus.: _____ Fax: _____ Secondary No.: _____ Email: _____
Owner Name:	Owner Name:
Contact Name:	Contact Name:
Type of Business: Sole Proprietorship      Partnership      Joint Venture Corporation      Other: _____	Type of Business: Sole Proprietorship      Partnership      Joint Venture Corporation      Other: _____
Federal Tax ID (Or SSN):	Federal Tax ID (Or SSN):
Request for Expansion	
Current NAICS Codes	Current NAICS Codes

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

Signature of Majority Owner: \_\_\_\_\_

Date: \_\_\_\_\_