

**COLORADO DEPARTMENT OF TRANSPORTATION
FINANCIAL INSTITUTION AUTHORIZATION**

Civil Rights & Business Resource Center
4201 East Arkansas Avenue, Rm. 150
Denver, Colorado 80222
303 512-4140, FAX 303 952-7091

**THIS FORM MUST BE COMPLETED AND MUST
ACCOMPANY YOUR COMPLETED APPLICATION**

DBE Applicants: Complete and sign this section only, then have your financial institution complete the remainder. This form is part of your application and must be returned with it, fully completed.

Dear _____ :
(name of financial institution)

I have authorized the Civil Rights & Business Resource Center to seek information about my firm's relationship with your company.

Please complete this form. My application for DBE Certification will not be considered complete unless I return this form with my DBE application.

Thank you.

Name of Firm

Printed Name of Owner/President

Owner/President's Signature

Date

TO BE COMPLETED BY THE FINANCIAL INSTITUTION

1. Indicate the services your institution provides to this company:

a) Checking accounts:

- Payroll Number of authorized signatures: _____
- Regular Number of authorized signatures: _____
- Other Number of authorized signatures: _____

Identify "Other" accounts: _____

b) List the names of authorized signers according to account type:

2. List any outstanding commercial/business loans:

Origination Date	Original Amount	Current Balance	Collateral (if secured)

a) Are there personal guarantors for any of the loans? Yes No

If yes, list their names: _____

3. Does the company have a line of credit? Yes No

a) Is it secured? Yes No List the collateral: _____

b) Are there personal guarantors? Yes No

If yes, list their names: _____

4. List the names of all company individuals who signed promissory notes:

Name of Financial Institution

Address

City

State

Zip

Printed name of bank official

Title

Signature

Date