



## NAICS Code Expansion or Change Request Form

Business Name:		DBE Owner on Record:	
Mailing Address:			
City:		State:	Zip:
Business Phone:	Cell Phone:		Fax:
Email Address:		Primary Contact:	

Work code(s) to be changed (please provide reason):

Work code(s) to be added:

Work code(s) to be removed (please provide reason):

Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office or storage space, yard, warehouse, facilities, equipment, inventory, financing, office staff, and/or employees with any other business, organization, or entity?  Yes  No

If yes, please provide detailed information:

Please provide proof that your firm has previously performed, independently of any other firm or affiliate firm, the type of work that you wish to add. Please attach any relevant invoices, purchase orders, payments, etc. NAICS Code expansion requests that include work codes for work, products, or services that are performed by affiliate firms will not be considered. Attach separate pages if necessary.

If you are requesting a NAICS code as any type of supplier, attach proof of warehouse and facility ownership as well as proof that the products you wish to sell are procured through independent and

commercially acceptable practices. Products or materials that are procured through affiliate firms (family owned, shared employees, shared ownership, etc.) or non-traditional means may not qualify your firm for a NAICS Code expansion.

Please list experience, qualifications, and/or licensures for the persons in your firm who will be performing the work type you wish to add (if a contractor’s license is needed to perform the work for the requested NAICS Codes, attach a copy of your contractor’s license). Attach separate pages if necessary.

Provide a list of equipment your firm possesses that enables it to perform the work type you wish to add. Equipment must be on site, housed, and stored at the firms location, and must not include shared ownership with any other firm or affiliate firm. Please attach relevant sales agreements, invoices, finance agreements, ownership documents, registration, insurance, and proof of payment. Attach separate pages if necessary.

Please attach your firm’s capability statement.

Email completed requests along with all supporting documentation to [tlewis@dot.nv.gov](mailto:tlewis@dot.nv.gov) . Incomplete requests will not be considered for NAICS Code expansions. Once all requested documentation has been received, the investigator will contact the applicant firm to conduct any follow-up, and perform an on-site review as necessary.

I \_\_\_\_\_ (full name printed), swear or affirm under penalty of law that I am \_\_\_\_\_ (title) of the applicant firm \_\_\_\_\_ and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing NAICS Code expansion approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize

such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its places(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial.

I acknowledge and agree that any misrepresentations in this application will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTARY CERTIFICATE**

State of Nevada  
County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.  
(Owner Name)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Title

My Appointment Expires: \_\_\_\_\_

(SEAL)