

Authorization for the Use and/or Disclosure of Confidential Business Information

Name of Firm:	Telephone No.: ()
Address:	
<p>I authorize the New York State Unified Certification Program Partners, including the Metropolitan Transportation Authority, the New York State Department of Transportation, the Niagara Frontier Transportation Authority and the Port Authority of New York and New Jersey, and their directors, managers, agents and employees (the "Partners") to release the information our firm submitted to the Partners to obtain certification as a Disadvantaged Business Enterprise ("DBE") under 49 CFR Part 26, including but not limited to the firm's application and related materials, together with the Partners' site visit report, if any, to:</p> <p>The New York State Department of Economic Development, Attention: _____</p> <p>(insert name, title and address of representative)</p> <p>in order to expedite the firm's application for certification as a Minority and Women-Owned Business Enterprise under New York State Executive Law, Article 15-A.</p> <p>The firm applied for certification with the following Partner:</p> <ul style="list-style-type: none">• Metropolitan Transportation Authority• New York State Department of Transportation• Niagara Frontier Transportation Authority• Port Authority of New York and New Jersey <p>Date of Application for DBE Certification: _____</p>	
<p>I understand and/or agree to the following:</p> <ul style="list-style-type: none">• The signing of this authorization is voluntary.• I am authorized to execute this agreement on behalf of the referenced firm.• I acknowledge that my firm is waiving any prohibition against re-disclosure of confidential business information that may be contained in its application for DBE certification.• Information disclosed, released, or transferred will not be given, sold, transferred or in any way relayed to any other party not specified in this authorization form.• I understand that this release of information is for my convenience, and that the Partners and New York State Department of Economic Development, are not responsible for any errors or omissions in this expedited application process.	
Signature of Authorized Representative: _____	
Date : _____	