

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

Name of Firm:	Telephone No.: ()
---------------	--------------------------

Address:

I authorize the certifying entity that processed my application for Federal Disadvantaged Business Enterprise certification and their directors, managers, agents and employees (the “certifying entity”) to release the information our firm submitted to the certifying entity 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 certifying entities site visit report, if any, to: The New York State Department of Economic Development, Attention:

(insert name, title and address of representative)

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.

The firm applied for certification with the following certifying entity

- Name _____
- Address _____
- City _____ State _____ Zip _____
- Contact Person _____
- Contact Phone Number _____

Date of Application for DBE Certification: _____

I understand and/or agree to the following:

- 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 certifying entity 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 : _____