

BUSINESS DEVELOPMENT DIVISION DISADVANTAGED BUSINESS ENTERPRISE (DBE) EDUCATIONAL/TRAINING PROGRAM APPLICATION

This information is required by authority of 23 CFR 230.

INSTRUCTIONS: Return completed form with training documentation attached to Michigan Department of Transportation, Office of Business Development, P.O. Box 30050, Lansing, MI 48909. If you need assistance in completing this application, please contact us by phone at 866-323-1264.

NOTE: This form must be received in the Small Business Liaison Section ten (10) business days prior to commencement of education/training.

DBE COMPANY NAME (Print or Type)	FEDERAL I.D.NO.
ADDRESS	CITY STATE ZIP
NAME and TITLE OF INDIVIDUAL APPLICANT	SOCIAL SECURITY NO.
APPLICANT IS (Check all that apply) <input type="checkbox"/> OWNER <input type="checkbox"/> EMPLOYEE - Years Employed _____ <input type="checkbox"/> Full-Time Employee	

EDUCATION/TRAINING PROGRAM INFORMATION

CHECK THE BOX THAT BEST DESCRIBES THE EDUCATION /TRAINING PROGRAM

- SEMINAR
 WORKSHOP
 COLLEGE or UNIVERSITY COURSE
 CONFERENCE
 BUSINESS or TRADE SCHOOL
 OTHER (Please Specify): _____

TITLE and DESCRIPTION OF EDUCATION / TRAINING

DATES OF TRAINING FROM _____ TO _____	WHERE WILL TRAINING BE CONDUCTED? (On-site, Provider's location, city, etc.)
NAME OF EDUCATION/TRAINING PROVIDER	
PROVIDER'S ADDRESS	CITY STATE ZIP

ESTIMATED COST OF EDUCATION/TRAINING

Lodging and travel rates per State of Michigan standardized travel regulations.

REGISTRATION FEES	\$
BOOKS/MATERIALS	\$
LODGING (Per night) \$ _____ X _____ Nights =	\$
TRAVEL AUTO MILES _____ x \$ _____ =	\$
RAIL FARE	\$
BUS FARE	\$
ESTIMATED TOTAL COST	\$

APPLICANT (Signature)	BUSINESS TELEPHONE	DATE
-----------------------	--------------------	------

I certify that all information presented in this application is factual and true.

DBE AUTHORIZED SIGNATURE AND TITLE	BUSINESS TELEPHONE	DATE
------------------------------------	--------------------	------