

**COLORADO DEPARTMENT OF TRANSPORTATION**  
**BONDING COMPANY 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 bonding company complete the remainder. This form is part of your application and must be returned with it, fully completed.

Dear \_\_\_\_\_ :  
 (name of bonding company)

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 BONDING COMPANY**

1. How long has the aboved named firm been doing business with your company?			
2. List the individuals with the business who negotiate for its bonds:			
3. List the individuals with the business who are authorized to sign its bonds:			
4. What is its current bonding limit per project?		and aggregate?	
5. What factors did you consider in underwriting the company's bonds?		List the individuals and the significant expertise you considered:	
Financial statements	<input type="checkbox"/> yes <input type="checkbox"/> no		
Contract amounts	<input type="checkbox"/> yes <input type="checkbox"/> no		
Experience and ability of its owners	<input type="checkbox"/> yes <input type="checkbox"/> no		
6. List the individuals and/or companies who signed the General Indemnity Agreement:			
7. List the individuals and/or companies who are guarantors:			
Name of Bonding Company			
Address	City	State	Zip
Printed name of Bonding company official		Title	
Signature		Date	