

**Louisiana Unified Certification Program (LAUCP)**  
**Official LAUCP Firm Re-evaluation Response Form**  
Required under 49 CFR Part 26.111 – Interim Final Rule (IFR)



**Please complete this official form to confirm whether your DBE/ACDBE firm would like to continue participating in the LAUCP disadvantaged business enterprise certification program.**

Certified DBE/ACDBE Firm Name: \_\_\_\_\_

Re-evaluation Owner(s) Name: \_\_\_\_\_

Firm Contact Email: \_\_\_\_\_

Firm Contact Phone: \_\_\_\_\_

**Please affirm the following by checking the boxes below:**

☐ I understand the LAUCP must reevaluate my DBE/ACDBE firm under the new IFR standards for socially and economically disadvantaged (SED) individual.

☐ I understand my firm must participate in the required LAUCP re-evaluation process under the new IFR standards for DBE/ACDBE certification to continue in the LAUCP.

☐ I understand my firm's owner must provide a Personal Narrative & updated Personal Net Worth Statement, upon request, to complete my firm's LAUCP re-evaluation.

☐ I understand my firm's re-evaluation under the new IFR requirements may result in recertification or decertification from the LAUCP.

**Please check ONE response to the LAUCP re-evaluation request below:**

☐ Yes, our firm would like to participate in re-evaluation under the new IFR certification standards to continue in the LAUCP.

☐ No, our firm does not wish to participate in the required LAUCP re-evaluation. By responding "NO" to the requested LAUCP re-evaluation under the new USDOT rule, I understand my firm will be decertified, and may not continue participating in the LAUCP.

**Owner(s) Name (Print):** \_\_\_\_\_

**Owner(s) Name (Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return this completed official form to your LAUCP certifying agency.**

**Louisiana Department of Transportation and Development**

Compliance Programs Section

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