

KENTUCKY TRANSPORTATION CABINET Office for Civil Rights and Small Business Development

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REQUEST FOR NAICS CODE MODIFICATION

In	structions: Pro	vide inforn	nation as requested be	low. See page 2 of this form if ad	ditional space is needed j	or code			
re	quests. Check I	VAICS code.	s for accuracy prior to	submission. Submit to the KYTC C	Office for Civil Rights and .	Small			
Bι	siness Develop	oment, 200	Mero Street, 6th Floor	⁻ West, Frankfort, KY, 40622, or e	mail to <u>KYTC.OCRSBD@</u>	<u>ky.gov</u>			
SECTION 1: DBE INFORMATION									
COMPANY NAME									
_									
DE	SE OWNER ON	RECORD (f	first and last name)	% OWNED					
N 4				CITY	CTAT	710			
IVI	MAILING ADDRESS (st		P.U. BOX)	СІТҮ	STATI	ZIP			
PRIMARY JOB CATEGORY THIS COMPANY IS CERTIFIED TO PERFORM									
-									
SECTION 2: PRIMARY CONTACT INFORMATION									
FIRST NAME		Μ	1I LAST NAME	EMAIL	PHON				
SE	CTION 3: NAI	CS CODE(S)	REMOVAL REQUESTS	(Additional space is provided on pag	ge 2.)				
SE	CTION 4: NAI	CS CODE(S)	ADDITION REQUESTS	(Additional space is provided on page	ae 2.)				
NAICS CODE(S)			MENT/LICENSES		COMPANY PERSONNEL				
ADDED		(Those possessed by your company or personnel allowing performance of this work.)			k.) (Those with expert	(Those with expertise in this work.)			
1									
2									
2									
3									
4									
5									
	SECTION 5: SIGNATURE								
DBE OWNER									
DE		NATURE			DATE				
DE		NATURE			DATE				



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SECTION 3: NAICS CODE(S) REMOVAL REQUESTS (continued from page 1)								
SECTION 4: NAICS CODE(S) ADDITION REQUESTS (continued from page 1)								
NAICS CODE(S)		EQUIPMENT/LICENSES (Those possessed by your company or personnel allowing performance of this work.)	COMPANY PERSONNEL					
	ADDED	(Those possessed by your company or personnel allowing performance of this work.)	(Those with expertise in this work.)					
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
SECTION 5: SIGNATURE (Signature is required on pages 1 and 2 if both contain information.)								
DBE	OWNER	DATE						