

**VDOT BOWD Center  
Request for Services Form**

Name of Firm \_\_\_\_\_

DBE Cert. # \_\_\_\_\_

Physical Address of Firm \_\_\_\_\_

Mailing Address of Firm, if different \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Individual to use service \_\_\_\_\_

Title: \_\_\_\_\_

**This request is for** (check all that apply):

\_\_\_\_\_ **Computer** Purpose: \_\_\_\_\_

Day /Date Requested \_\_\_\_\_

\_\_\_\_\_ **Conference Room** Purpose: \_\_\_\_\_

Day/ Date Requested \_\_\_\_\_

\_\_\_\_\_ **Plan Room** Purpose: \_\_\_\_\_

Day /Date Requested \_\_\_\_\_

\_\_\_\_\_ **Business Assessment** Day /Date/Time Requested \_\_\_\_\_

Name of Requestor \_\_\_\_\_ Title \_\_\_\_\_

Signature of Requester \_\_\_\_\_ Date \_\_\_\_\_

Email to [BOWDCenter@vdot.virginia.gov](mailto:BOWDCenter@vdot.virginia.gov)

or

Fax to (804) 662-9570

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