Michigan Department of Transportation 0172 (08/06)

## **BUSINESS DEVELOPMENT DIVISION**

## Disadvantaged Business Enterprise (DBE) Program SUBSCRIPTION SERVICES PROGRAM APPLICATION

**Instructions:** Return completed form with supporting documentation to: Michigan Department of Transportation, Office of Business Development, P.O. Box 30050, Lansing, Michigan 48909. If you need assistance, please contact MDOT at (866) 323-1264.

Use a separate form for each request				
FIRM NAME (Print or Type)				
ADDRESS	CITY		STATE ZIP	
TELEPHONE NO.	FAX NO.			
FEDERAL I.D. NO.			DATE	
NAME OF SUBSCRIPTION				
PERIOD OF SUBSCRIPTION From To	SUBSCRIPTION COST	Quarterly	y Semi-Annual	Annually
WHO WILL HAVE ACCESS TO THIS SUBSCRIPTION				
THIS SUBSCRIPTION WILL BENEFIT MY FIRM BY: (Be specific as the as necessary)	nis will be the major factor in	determining e	ligibility and attach addit	ional sheets
,				
STAPLE PROPOSED SUBSCRIPTION INFORMATION HERE (include	cost documentation).			
I certify that all information presented in this application is	s factual and true.			
AUTHORIZED NAME (Please print)	TITI	.E		
AUTHORIZED SIGNATURE			DATE	
MDOT USE ONLY				
APPROVED AMOUNT \$	APPROVED DATE			