

OWNED AND LEASED FLEET EQUIPMENT FOR DBE CREDIT

A completed, signed and dated equipment list is **Required by All DBE Trucking Companies** who perform work on MDOT Federally Funded Projects.

DBE COMPANY NAME			DBE OWNER		
USDOT #	MPSC #		VENDOR #		
CONTACT PERSON & TITLE			E-MAIL ADDRESS		
OFFICE PHONE NO.	OFFICE FAX NO.	CELL NO.		OTHER	

ALL TRUCKS OWNED BY YOUR COMPANY						TOTAL OWNED: _____		
YEAR & MAKE	TYPE OF EQUIPMENT	TRUCK / TRAILER UNIT #	VEHICLE PLATE #	LAST 6 OF VIN NUMBER	REGISTRATION (Expiration Date) OWNED VEHICLE	INSURANCE (Expiration Date) OWNED VEHICLE	DOCUMENTS ON FILE IN OBD	

LEASED EQUIPMENT ONLY						TOTAL LEASES: _____			
COMPANY NAME	YEAR & MAKE	TYPE OF EQUIPMENT	TRUCK / TRAILER UNIT #	VEHICLE PLATE #	LAST 6 OF VIN NUMBER	REGISTRATION (Expiration Date) OWNED VEHICLE	INSURANCE (Expiration Date) OWNED VEHICLE	DOCUMENTS ON FILE IN OBD	

I certify that the information presented on and accompanying this form is factual and true. I understand that only the equipment listed above may be used to perform work for credit toward DBE goals. I further agree to submit a revised equipment list within two weeks of any/all changes in owned or leased equipment.

AUTHORIZED SIGNATURE / TITLE	DATE
PLEASE PRINT NAME	LATEST REVISION DATE