

DBE TRUCKING COMPLIANCE REPORT

DATE SENT

DBE NAME	PROJECT NO.	DOLLAR AMOUNT OF CONTRACT \$
PRIME NAME	PROJECT REGION	FISCAL YEAR BLUE SHEET APPROVED
NAME OF CONTRACTOR YOU ARE HAULING FOR (If not the Prime)		PROJECT LOCATION

FOR TRUCKING WORK ONLY (Do not include materials, dealers, suppliers, etc)

1. Has your firm started hauling on this project?
 Yes, when? _____ No, when will you start? _____
2. Have you completed your work on this project?
 Yes, when? _____ No, what is your expected completion date? _____
3. How much total have you been paid to date? \$ _____
- a. How much was paid to your firm? \$ _____
 - b. How much has your firm paid to other DBEs? \$ _____
 - c. How much has your firm paid to Non-DBEs? \$ _____

4. Is this a final amount paid to you? Yes No

5. Total number of trucks used to complete work?	Number owned by your firm?	Number owned by other DBEs?	Number owned by non-DBEs?
--	----------------------------	-----------------------------	---------------------------

Name of additional DBEs your firm used on this project

Name of Non-DBEs your firm used on this project

6. Comments

By signing this form, I am stating that all the information contained in this form is factual and true:

PRINTED NAME AND TITLE OF DBE REPRESENTATIVE

SIGNATURE OF DBE REPRESENTATIVE

DATE

Completed form must be **RETURNED WITHIN 14 CALENDAR DAYS** from date sent (above) to:

MDOT Office of Business Development
Attn: DBE Trucking Compliance
P.O. Box 30050
Lansing, MI 48909
Fax to (517) 335-0945 or E-mail: CannonD1@Michigan.gov
Questions about this form? Call (517) 335-1714 or Toll-Free 1-866-DBE-1264

PROCESSED BY	DATE	DETERMINATION
--------------	------	---------------