



DBE PARTICIPATION FOR FEDERAL PROJECTS

Page ____ of ____

Original () or Revision # _____

Letting Date/BID Date: _____
(mm/dd/yyyy)

Date: _____ Project Owner: _____

CONTRACT NUMBER	PROJECT	FEDERAL NUMBER	COUNTY	DBE GOAL
BID AMOUNT	PRIME CONTRACTOR			
CONTACT PERSON			PHONE NUMBER	

COMPLETE THIS SECTION FOR DBE FIRM

DBE FIRM	DBE CERTIFICATE NUMBER
CONTACT PERSON	PHONE NUMBER

TOTAL AGREEMENT \$ _____
(Include Mobilization)

MOBILIZATION \$ _____

CREDIT @ 60% \$ _____
(Regular Dealer Only)STARTING DATE: _____
(mm/dd/yyyy)COMPLETION DATE: _____
(mm/dd/yyyy)

CHECK THE APPROPRIATE BLOCK:				
<input type="checkbox"/> SUBCONTRACTOR	<input type="checkbox"/> REGULAR DEALER	<input type="checkbox"/> SERVICE		
<input type="checkbox"/> MANUFACTURER	<input type="checkbox"/> CONSULTANT	<input type="checkbox"/> OTHER _____		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Identify the North American Industrial Classification System Code(s) that correspond(s) to the work to be performed by the DBE firm.
NAICS Code: _____

Description of work for all item numbers; including partial items: _____

I am a DBE certified by the Pennsylvania Unified Certification Program (PA UCP). I hereby certify that as a DBE, I quoted the above price and type of work.

Signature of DBE: _____ Date: _____
(Signature and Title of Company Official) (mm/dd/yyyy)

I hereby certify, on behalf of, and intending to bind, the Bidder, that the information contained herein is true and correct to the best of my knowledge, information and belief.

Signature of PRIME: _____ Date: _____
(Signature and Title of Company Official) (mm/dd/yyyy)

PENNDOT USE ONLY

☐ Approved ☐ Conditional Approval (Prequalification only) ☐ Disapproved

Condition: _____

By: _____ Date: _____

Note: Complete one form for each DBE on the project