

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

CERTIFIED DVBE SUMMARY DES-OE-0102.5 (REV 3/2008)

DISTRICT-COUNTY-RO	OUTE:	_ •		
CONTRACT NO.:			_	
TOTAL BID:			_	
BID OPENING DATE:			_	
BIDDER'S NAME:			-	
DVBE PRIME CONTRA	CTOR CERTIFICATION 1		-	
Bid Item Number	Description of Work to Be Subcontracted to DVBE or Materials to Be Supplied by DVBE ²	For Caltrans Only	DVBE (Name, Telephone No., and Certification No.)	\$ Amount
Names of first tier DVBE subcontractors and their items of work listed must be consistent with the names and items of work in the Subcontractor List (Pub Cont Code § 4100 et seq.) submitted with the bid. Identify second and lower tier subcontractors on this form.			Total Claimed Participation	\$%
	must enter their DVBE reference number or their vices (DVBE prime contractors are credited with 1 complete the above table).			
2. If 100% of an item is not planned location of work to	performed or supplied by the DVBEs, describe the be performed, of item to be performed or supplied	e exact part, including the by DVBE.	Signature of Bidder	Date
Submit to:	ubmit to: MSC 43		(Area Code) Telephone Number	
OFFICE ENGINEER			Contact Person	(Type or Print)

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information, call (916) 654-6410, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.