

**Prime Contractor:** 

Fax:

Fax:

Subcontractor (only if the DBE will be a second tier sub):

Address:

Phone:

Email:

Address:

Phone:

Email:

## Disadvantaged Business Enterprise (DBE) Confirmation and Commitment **Agreement**

## **Trucking Company**

This commitment is subject to the award and receipt of a signed contract from the Hawaii Department of Transportation (HDOT) for

the subject project. DBEs must be certified by the bid opening da							
Project #:  NAICS CODE/DESCRIPTION OF WORK:				SECONDARY NAICS CODE:			
he prime contracto	or shall infor	m HDOT the	dates when the trucki	ng firm s	tarts and co	mpletes all work u	nder the subcontract.
Estimated Beginning Date (Month/Year):				Estimated Completion Date (Month/Year):			
TRUCKING	Item	No.	Item Description		Unit	Unit Price /	Amount
COMPANY:						Rate	
						\$	\$
						\$	\$
						\$	\$
				TOT	AL COMMIT	MENT AMOUNT	\$
Number of fully operational     If Owner Operators or addit     Name of Trucking Company			ng companies are to be used a		answer the following:  Number and Type of Trucks (specify)		
			\$				
			\$				
f a DBE trucking co substitution/replace prime contractor, a	mpany is una ement appro i <b>nd subcont</b> r	able to perfo val process a actor (only i	rm the work as listed on the cont	on this ag ract DBE cond tier	greement for requirement sub) confirm	rm, the prime conts. IMPORTANT!	ed on the agreement form. tractor will follow the The signatures of the DBE, ation on this Agreement is
DBE NAME:				Name/Title (please print):			
Address:			Signature:				
Address:				Signatu	re:		
Phone:		Fax:		Signatu	re:		

HDOT retains the information collected through this form. With few exceptions, you are entitled on request to be informed about the information that we collect about you.

Name/Title (please print):

Name/Title (please print):

Signature:

Signature:

Date:

Date:



## Disadvantaged Business Enterprise (DBE) Confirmation and Commitment Agreement Trucking Company INSTRUCTIONS

The purpose of this agreement is to secure the commitment of the bidder/offeror to utilize the listed DBE trucking company, and the DBE's confirmation that it will perform work for the bidder/offeror on this project. The information on this form shall be provided by the DBE.

Project #	Self-explanatory
County	County where project is located
NAICS Code/Description of Work	Primary North American Industry Classification System
	code under which DBE is certified to perform and
	description of work to be done
Secondary NAICS Code	List other NAICS codes firm is certified to perform
Estimated Beginning Date (Month/Year)	Date DBE shall begin work on the project
Estimated Completion Date (Month/Year)	Date DBE's work will be completed
Trucking Company	Name of DBE trucking company
Item No.	List pay item number
Item Description	Description of item
Unit	Unit of measure – e.g. weight or hours
Unit Price/Rate	Cost per unit or hourly rate
Amount	Total amount per pay item
Total Commitment Amount	Sum of all pay items and total commitment of
	bidder/offeror to DBE
Number of hours contracted or quantities to be	Approximate number of hours or tonnage to be
hauled	hauled
Number of fully operational trucks to be used:	Total number of trucks to be used for the project
Tractor/Trailers	Number of tractor trailers to be used
Dump Trucks	Number of dump trucks to be used
Number of fully operational trucks owned by DBE	Number of listed DBE's trucks to be used on this
	project
Name of Trucking Company	If other trucking companies (DBE or non-DBE) are to
	be leased, list name and information about type of
	trucks in this section
Estimated Dollar Amount to be Contracted	Provide information about estimated cost to lease
	trucks
Number of Dump Trucks, Tractor/Trailer	Self-explanatory
DBE NAME	DBE Company name
Name/Title	Name and title of DBE's representative
Address	Self-explanatory
Phone	Self-explanatory
Fax	Self-explanatory
Email	Self-explanatory
Signature	Signature of DBE's representative
Date	Date agreement is signed
Prime Contractor	Company name

Name/Title	Name and title of prime contractor's representative
Address	Self-explanatory
Phone	Self-explanatory
Fax	Self-explanatory
Email	Self-explanatory
Signature	Signature of prime contractor's representative
Date	Date agreement is signed
Subcontractor (only if the DBE will be a second tier	Name of subcontractor only if the listed DBE trucking
sub):	company will be performing work under this
	subcontractor
Name/Title	Name and title of the subcontractor's representative
Address	Self-explanatory
Phone	Self-explanatory
Fax	Self-explanatory
Email	Self-explanatory
Signature	Signature of subcontractor
Date	Date agreement is signed