SUBLET REQUEST & DBE SUBLET REQUEST Wisconsin Department of Transportation

 Bureau of Aeronautics

Instructions: Contractor: Furnish 1 signed copy to the BOA office.

 BOA will send the executed copy back to contractor, equal rights officer & project file.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Date |
|  | Project # | County | [ ]  DBE |
| Airport Name |  | [ ]  Non-DBE |
| Subcontractor Name | Address & Telephone | [ ]  Purchase Service or Materials Only |

Permission is requested to sublet the described work on the above project in the total amount indicated below.

Actual agreed unit prices and amounts to be sublet or purchased are to be shown in the following tabulation as appropriate.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ITEM NO. | ITEM | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|  |  |  |  | $ | $ |
|  |  |  |  | $ | $ |
|  |  |  |  | $ | $ |
|  |  |  |  | $ | $ |
|  |  |  |  | $ | $ |
|  |  |  |  | $ | $ |
|  |  |  |  | $ | $ |
|  |  |  |  | $ | $ |
|  |  |  |  | $ | $ |
|  |  |  |  | $ | $ |
| Contract Total Amount | % to sublet |  |  | TOTAL $  |

|  |  |  |
| --- | --- | --- |
| PREVIOUSLY REQUESTED OR APPROVED SUBCONTRACTS | AMOUNT | % OF CONTRACT |
| Subcontractor Name | $  | % |
|  | $ | % |
|  | $  | % |
|  | $  | % |
| Totals | $  | % |

I certify that arrangements have been made for the foregoing work with the listed subcontractor. I understand that willful falsification, fraudulent statement or misrepresentation will result in appropriate sanctions which may include debarment and/or prosecution under applicable Wis. Admin. Code Trans §504.05 and §504.06 (1983) and federal laws. I certify that for federal projects only, the referenced subcontract is in writing and physically includes the pertinent federal required provisions included in my contract with the Department of Transportation.

SUBMITTED BY CONTRACTOR:

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPROVED:

 (Contractor Name)(Date)

 X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (BOA Project Manager) (Date)

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Authorized Agent) (Date)

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