

Email:

Address:

Phone:

Email:

Address:

Phone:

Email:

**Prime Contractor:** 

Fax:

Fax:

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

## 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

Project #:  NAICS CODE/DESCRIPTION OF WORK:				County:			
				SECONDARY NAICS CODE:			
*All quantities and	units should	match the bi	id tab item whenever	l possible	<u> </u>		
•				-		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:	item		item bescription		Offic	Rate	Amount
						\$	\$
						\$	\$
						\$	\$
				TC	TAL COMMIT	MENT AMOUNT	\$
	tors or addit	ional truckin	g companies are to be			lowing:	rs/trailers:
Name of Trucking Company		DBE Y/N	Estimated. Dollar Amount to be Contracted		Number and	l Type of Trucks (s	pecify)
			\$				
			\$				
•		_	_				d on the agreement form. tractor will follow the
• •		•			•		The signatures of the DBE ation on this Agreement is
true and correct. P	arties should	l sign Agree	ment in the order in v	vhich th	ey are listed.		
DBE NAME:				Name/Title (please print):			
Address:			Signature:				
Addi C33.				Sigila	ure.		

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.

Date:

Date:

Date:

Signature:

Signature:

Name/Title (please print):

Name/Title (please print):



## 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
N	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 Diversity of the contraction	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