



**Subcontractor/Subconsultant Number 3 Information**

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Name Phone Number Fax Number

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Address City State/Zip

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EIN/Tax ID Number Email

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Subcontract Description

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Approximate Subcontract Value (s) Approximate Start Date Approximate End Date

Contractor is DSBS-certified as (check all that apply):  M/WBE  EBE  LBE  N/A

**Subcontractor/Subconsultant Number 4 Information**

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Name Phone Number Fax Number

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Address City State/Zip

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EIN/Tax ID Number Email

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Subcontract Description

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Approximate Subcontract Value (s) Approximate Start Date Approximate End Date

Contractor is DSBS-certified as (check all that apply):  M/WBE  EBE  LBE  N/A

**Subcontractor/Subconsultant Number 5 Information**

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Name Phone Number Fax Number

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Address City State/Zip

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EIN/Tax ID Number Email

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Subcontract Description

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Approximate Subcontract Value (s) Approximate Start Date Approximate End Date

Contractor is DSBS-certified as (check all that apply):  M/WBE  EBE  LBE  N/A

**Subcontractor/Subconsultant Number 6 Information**

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Name Phone Number Fax Number

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Address City State/Zip

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EIN/Tax ID Number Email

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Subcontract Description

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Approximate Subcontract Value (s) Approximate Start Date Approximate End Date

Contractor is DSBS-certified as (check all that apply):  M/WBE  EBE  LBE  N/A

**Subcontractor/Subconsultant Number 7 Information**

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Name	Phone Number	Fax Number
Address	City	State/Zip
EIN/Tax ID Number	Email	
Subcontract Description		
Approximate Subcontract Value (s)	Approximate Start Date	Approximate End Date
Contractor is DSBS-certified as (check all that apply):		
<input type="checkbox"/> M/WBE	<input type="checkbox"/> EBE	<input type="checkbox"/> LBE <input type="checkbox"/> N/A

**Subcontractor/Subconsultant Number 8 Information**

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Name	Phone Number	Fax Number
Address	City	State/Zip
EIN/Tax ID Number	Email	
Subcontract Description		
Approximate Subcontract Value (s)	Approximate Start Date	Approximate End Date
Contractor is DSBS-certified as (check all that apply):		
<input type="checkbox"/> M/WBE	<input type="checkbox"/> EBE	<input type="checkbox"/> LBE <input type="checkbox"/> N/A

**Subcontractor/Subconsultant Number 9 Information**

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Name	Phone Number	Fax Number
Address	City	State/Zip
EIN/Tax ID Number	Email	
Subcontract Description		
Approximate Subcontract Value (s)	Approximate Start Date	Approximate End Date
Contractor is DSBS-certified as (check all that apply):		
<input type="checkbox"/> M/WBE	<input type="checkbox"/> EBE	<input type="checkbox"/> LBE <input type="checkbox"/> N/A

**Subcontractor/Subconsultant Number 10 Information**

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Name	Phone Number	Fax Number
Address	City	State/Zip
EIN/Tax ID Number	Email	
Subcontract Description		
Approximate Subcontract Value (s)	Approximate Start Date	Approximate End Date
Contractor is DSBS-certified as (check all that apply):		
<input type="checkbox"/> M/WBE	<input type="checkbox"/> EBE	<input type="checkbox"/> LBE <input type="checkbox"/> N/A

**Subcontractor/Subconsultant Number 11 Information**

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Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

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EIN/Tax ID Number \_\_\_\_\_ Email \_\_\_\_\_

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Subcontract Description \_\_\_\_\_

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Approximate Subcontract Value (s) \_\_\_\_\_ Approximate Start Date \_\_\_\_\_ Approximate End Date \_\_\_\_\_

Contractor is DSBS-certified as (check all that apply):     M/WBE     EBE     LBE     N/A

**Subcontractor/Subconsultant Number 12 Information**

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Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

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EIN/Tax ID Number \_\_\_\_\_ Email \_\_\_\_\_

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Subcontract Description \_\_\_\_\_

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Approximate Subcontract Value (s) \_\_\_\_\_ Approximate Start Date \_\_\_\_\_ Approximate End Date \_\_\_\_\_

Contractor is DSBS-certified as (check all that apply):     M/WBE     EBE     LBE     N/A

**Subcontractor/Subconsultant Number 13 Information**

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Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

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EIN/Tax ID Number \_\_\_\_\_ Email \_\_\_\_\_

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Subcontract Description \_\_\_\_\_

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Approximate Subcontract Value (s) \_\_\_\_\_ Approximate Start Date \_\_\_\_\_ Approximate End Date \_\_\_\_\_

Contractor is DSBS-certified as (check all that apply):     M/WBE     EBE     LBE     N/A

**Prime Contractor Certification**

I hereby affirm that the information supplied is true and correct.

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Print Name \_\_\_\_\_ Title \_\_\_\_\_

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Signature \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_