

MARYLAND STATE HIGHWAY ADMINISTRATION  
**OFFICE OF CONSTRUCTION**  
Weekly Report of D/MBE Trucking Activities



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Contract No: \_\_\_\_\_ Date: \_\_\_\_\_  
Description: \_\_\_\_\_ Report No: \_\_\_\_\_  
Prime Contractor: \_\_\_\_\_ Week Ending: \_\_\_\_\_  
D/MBE Trucker: \_\_\_\_\_

I, \_\_\_\_\_,  
(Printed Name of Signature Party) (Title)

do hereby certify that the vehicles listed below have performed work on this Contract and were supplied and directly supervised by \_\_\_\_\_, as approved in the Schedule of Participation.  
(Company Name)

INSTRUCTIONS: Under the column entitled "SOURCE", indicate which of the following applies:

- A. Owned by D/MBE
- B. Hired or Rented
- C. Owner/Operator

***For all cases listed above except 'A', a copy of Agreement must be attached.***

Dates Worked		Truck Tag No.	Source	Owned By (Company Name)
From	To			

SIGNATURE \_\_\_\_\_