OOC47 02/20/13
CD 07220.100.19

MARYLAND STATE HIGHWAY ADMINISTRATION
OFFICE OF CONSTRUCTION

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Weekly Report of D/MBE Trucking Activities

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

SIGNATURE _____