

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 _____