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| LOGO2LIN | | | | | | | | | | | **Weekly DBE Trucking Report** | | | | | | | | | | | |
| Report for Week Ending: | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Contractor Information: | | | | | | | | | | | Contract Information: | | | | | | | | | | | |
| Name: | |  | | | | | | |  | | Contract No. | | | | | | | | |  | | |
| Address: | |  | | | | | | |  | | Project: | | | | | | | | |  | | |
| City, State: | |  | | | | | | |  | | Route: | | | | | | | | |  | | |
| Zip: | |  | | | | | | |  | | Section: | | | | | | | | |  | | |
|  | | | | | | | | | | | County: | | | | | | | | |  | | |
|  | | | | | | | | | | | District: | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Please provide the following information: | | | | | | | | | | | | | | | | | | | | | | |
|  | Name of  Trucking Company | | DBE  (Y / N) | Description of trucking (1) | | | License plate #  on truck | | | Name on truck and truck number | | Day of trucking activities  (Mark all that apply) | | | | | | | | | Leased to (2) | |
| 1. |  | |  |  | | |  | | |  | | S | M | | T | W | Th | F | S | |  | |
| 2. |  | |  |  | | |  | | |  | | S | M | | T | W | Th | F | S | |  | |
| 3. |  | |  |  | | |  | | |  | | S | M | | T | W | Th | F | S | |  | |
| 4. |  | |  |  | | |  | | |  | | S | M | | T | W | Th | F | S | |  | |
| 5. |  | |  |  | | |  | | |  | | S | M | | T | W | Th | F | S | |  | |
| 6. |  | |  |  | | |  | | |  | | S | M | | T | W | Th | F | S | |  | |
| 7. |  | |  |  | | |  | | |  | | S | M | | T | W | Th | F | S | |  | |
| 8. |  | |  |  | | |  | | |  | | S | M | | T | W | Th | F | S | |  | |
| 9. |  | |  |  | | |  | | |  | | S | M | | T | W | Th | F | S | |  | |
| 10. |  | |  |  | | |  | | |  | | S | M | | T | W | Th | F | S | |  | |
|  | | | | |  |  | |  |  | | | | | | | | | | |  | |  |
| Prime Contractor Signature (required) | | | | | Date | | | | Received by (name and title of State representative - required) | | | | | | | | | | |  | | Date |
| **Remarks:** | | | | | | | | | | | | | | | | | | | | | | |
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| Instructions: | | | | | | | | | | | | | | | | | | | | | | |
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| The Weekly DBE Trucking Report shall be submitted in accordance with the special provision. The Department of Transportation is requesting disclosure of | | | | | | | | | | | | | | | | | | | | | | |
| information that is necessary to accomplish the statutory purpose as outlined under the state and federal law. Disclosure of this information is REQUIRED. | | | | | | | | | | | | | | | | | | | | | | |
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| This form, submitted in accordance with the Weekly DBE Trucking Report special provision, may be used as a constructive amendment to the utilization plan to add | | | | | | | | | | | | | | | | | | | | | | |
| an additional trucking firm.  The Contractor shall not terminate or replace a DBE listed on the approved Utilization Plan, or perform with other forces work | | | | | | | | | | | | | | | | | | | | | | |
| designated for a listed DBE except as provided in the Special Provision.  Any amendment to terminate or replace an approved DBE trucking firm requires prior | | | | | | | | | | | | | | | | | | | | | | |
| approval from the Bureau of Small Business Enterprises as outlined in article (a) of the Contract Compliance section of the contract DBE Special Provision. | | | | | | | | | | | | | | | | | | | | | | |
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| All columns are required. Use additional pages if necessary. | | | | | | | | | | | | | | | | | | | | | | |
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| (1)Provide a general description of the trucking activity, i.e. transporting earth, transporting aggregate, transporting HMA, etc. | | | | | | | | | | | | | | | | | | | | | | |
| (2)If truck is leased to DBE firm. | | | | | | | | | | | | | | | | | | | | | | |