

Ohio Turnpike & Infrastructure Commission

Subcontractor & Material Supplier Declaration & Approval Request

Contractor Information

Company Name _____
 Address _____
 City, State, Zip _____

Project Information

Project No. _____
 Project Name _____
 Project County _____

Sheet¹ _____ of _____

	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Material Supplier <i>(check one)</i>	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Material Supplier <i>(check one)</i>	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Material Supplier <i>(check one)</i>
Company Name			
Street Address			
City/State/Zip			
Telephone No.			
Fax No.			
Federal Tax I.D. No.			
E-mail Address			
Primary Officer			
Contact Person			
Subcontract/P.O. Date			
Subcontract/P.O. Amount \$			
Subcontract Scope			
Services/Material Brands ¹			
DFSP Enrolled	<input type="checkbox"/> Yes <input type="checkbox"/> No (when supplying labor on site)	<input type="checkbox"/> Yes <input type="checkbox"/> No (when supplying labor on site)	<input type="checkbox"/> Yes <input type="checkbox"/> No (when supplying labor on site)
DFSP Policy No.			
MBE/DBE/EDGE Status	<input type="checkbox"/> Uncertified <input type="checkbox"/> MBE <input type="checkbox"/> DBE <input type="checkbox"/> EDGE	<input type="checkbox"/> Uncertified <input type="checkbox"/> MBE <input type="checkbox"/> DBE <input type="checkbox"/> EDGE	<input type="checkbox"/> Uncertified <input type="checkbox"/> MBE <input type="checkbox"/> DBE <input type="checkbox"/> EDGE
PM Use Only (date: _____)	<input type="checkbox"/> Approved <input type="checkbox"/> Extended Review <input type="checkbox"/> Rejected	<input type="checkbox"/> Approved <input type="checkbox"/> Extended Review <input type="checkbox"/> Rejected	<input type="checkbox"/> Approved <input type="checkbox"/> Extended Review <input type="checkbox"/> Rejected
Dpt. of Contract Admin. Use Only (date: _____)	<input type="checkbox"/> Approved <input type="checkbox"/> Extended Review <input type="checkbox"/> Rejected	<input type="checkbox"/> Approved <input type="checkbox"/> Extended Review <input type="checkbox"/> Rejected	<input type="checkbox"/> Approved <input type="checkbox"/> Extended Review <input type="checkbox"/> Rejected

Contractor Certification Contractor certifies that the information above is true and complete. Signature _____ Date _____	Project Manager Contractor percentage in compliance with Article 15.1.1 Contract % _____ Contractor's % _____ Signature _____ Date _____	MBE/DBE Program Manager Review MBE/DBE/EDGE Status Signature _____ Date _____	Chief Engineer Subcontractors and Material Suppliers are accepted and/or reject, as shown or as noted, for use on this project subject to revocation for cause. Signature _____ Date _____
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¹Attach additional sheets as necessary.

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Sheet¹ _____ of _____

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Company Name			
Street Address			
City/State/Zip			
Telephone No.			
Fax No.			
Federal Tax I.D. No.			
E-mail Address			
Primary Officer			
Contact Person			
Subcontract/P.O. Date			
Subcontract/P.O. Amount \$			
Services/Material Brands ¹			
Subcontract Scope			
DFSP Enrolled	<input type="checkbox"/> Yes <input type="checkbox"/> No (when supplying labor on site)	<input type="checkbox"/> Yes <input type="checkbox"/> No (when supplying labor on site)	<input type="checkbox"/> Yes <input type="checkbox"/> No (when supplying labor on site)
DFSP Policy No.			
MBE/DBE/EDGE Status	<input type="checkbox"/> Uncertified <input type="checkbox"/> MBE <input type="checkbox"/> DBE <input type="checkbox"/> EDGE	<input type="checkbox"/> Uncertified <input type="checkbox"/> MBE <input type="checkbox"/> DBE <input type="checkbox"/> EDGE	<input type="checkbox"/> Uncertified <input type="checkbox"/> MBE <input type="checkbox"/> DBE <input type="checkbox"/> EDGE
PM Use Only (date: _____)	<input type="checkbox"/> Approved <input type="checkbox"/> Extended Review <input type="checkbox"/> Rejected	<input type="checkbox"/> Approved <input type="checkbox"/> Extended Review <input type="checkbox"/> Rejected	<input type="checkbox"/> Approved <input type="checkbox"/> Extended Review <input type="checkbox"/> Rejected
Dpt. of Contract Admin. Use Only (date: _____)	<input type="checkbox"/> Approved <input type="checkbox"/> Extended Review <input type="checkbox"/> Rejected	<input type="checkbox"/> Approved <input type="checkbox"/> Extended Review <input type="checkbox"/> Rejected	<input type="checkbox"/> Approved <input type="checkbox"/> Extended Review <input type="checkbox"/> Rejected

Contractor Certification
 Contractor certifies that the information above is true and complete.

Signature _____ Date _____

Project Manager
 Contractor percentage in compliance with Article 15.1.1
Contract % _____
Contractor's % _____

Signature _____ Date _____

MBE/DBE Program Manager
 Review MBE/DBE/EDGE Status

Signature _____ Date _____

Chief Engineer
 Subcontractors and Material Suppliers are accepted and/or reject, as shown or as noted, for use on this project subject to revocation for cause.

Signature _____ Date _____

¹Attach additional sheets as necessary.