

INDIANA DEPARTMENT OF TRANSPORTATION
DISADVANTAGED BUSINESS ENTERPRISE UTILIZATION AFFIDAVIT

KNOW ALL MEN BY THESE PRESENTS:

THAT, in order to comply with the Disadvantaged Business Enterprise requirements set out in Contract _____
Project _____, the below signed persons, representing the Prime Contractor and the Disadvantaged
Business Enterprise, do hereby certify and swear that the amounts shown below were paid to, and received by, the Disadvantaged
Business Enterprise, represented below, who performed subcontract work, provided materials, or rendered any other service
in the carrying forward, performing, and completing of said contract.

AMOUNT PAID TO _____ \$_____
(NAME OF DBE)

The DBE was a: ___ Subcontractor ___ Lessor ___ Supplier

Type of work performed or service provided: _____

IN WITNESS WHEREOF, I have affixed my signature this _____ day of _____, _____.

ACKNOWLEDGEMENT

PRIME CONTRACTOR
By _____
SIGNATURE
TITLE

STATE OF INDIANA, COUNTY OF _____ SS:
Subscribed and sworn to before me by
_____ of the firm of
_____ this
_____ day of _____, _____.

NOTARY PUBLIC

My Commission expires _____

* * * * *

AMOUNT RECEIVED FROM (including retainage) _____ \$_____
(NAME OF PRIME CONTRACTOR)

IN WITNESS WHEREOF, I have affixed my signature this _____ day of _____, _____.

ACKNOWLEDGEMENT

DBE COMPANY NAME
By _____
SIGNATURE
TITLE

STATE OF INDIANA, COUNTY OF _____ SS:
Subscribed and sworn to before me by
_____ of the firm of
_____ this
_____ day of _____, _____.

NOTARY PUBLIC

My Commission expires _____