

**Written Certification of Total Amounts  
Paid For Consultant Agreements  
As DBE Participation**

State Agreement Number	Statewide Vendor Number (SWV)
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Prime Consultant and Certification Number (if applicable)

DBE Participant Name and Certification Number	Contract Type	Task Order Number	Date of Final Payment	Total Amount Paid

**Contract Type:** P = Prime Consultant  
S = Subconsultant

I certify that the above information is completely correct.

\_\_\_\_\_

Consultant Representative Signature \_\_\_\_\_  
Date

WSDOT has reviewed the contracting records, monitored the work site, and determined work committed to the listed DBE(s) was actually performed by the DBE.

\_\_\_\_\_

Project Engineer/Manager Signature \_\_\_\_\_  
Date

Email to: [wsdotcso@WSDOT.WA.GOV](mailto:wsdotcso@WSDOT.WA.GOV)