Washington State Department of Transportation

Quarterly Report of Amounts Paid as MBE/WBE Participants

This form required from the Prime Contractor on all State funded Projects quarterly and upon completion of the project.

Quarter ☐ Jan 1 - Mar 31 ☐ Apr 1 - Jun 30 ☐ Jul 1 - Sep 30 ☐ Oct 1 - Dec 31 ☐ _____ (Quarter Start Date) - ☐ _____ (Completion Date)	Calendar Year State Contract Number
Contractor	Federal Employer I.D. Number

MBE/WBE Participant Name and Federal Employer ID Number	Contract Type	Amount Paid Participants (Including Retainage Held) $

CONTRACT TYPE:

S = Subcontractor	A = Agent
M = Manufacturer	R = Regular Dealer
J = Joint Venture	V = Service Provider

I certify that all MBE/WBE participants contracted by me on the noted contract are listed above and that they have been paid the amounts shown.

Signature	Title

Distribution: Original - Contractor Copy - Project Engineer Copy - Office of Equal Opportunity Email: crp@wsdot.wa.gov

DOT Form 421-023
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