

**MISSISSIPPI DEPARTMENT OF TRANSPORTATION
OFFICE OF STATE AID ROAD CONSTRUCTION
JACKSON, MISSISSIPPI
CERTIFICATION OF PAYMENTS TO DBE FIRMS**

PROJECT NUMBER : _____ COUNTY : _____

PRIME SUBCONSULTANT: _____

ADDRESS _____

THIS IS TO CERTIFY THAT PAYMENT IN FULL HAS BEEN MADE TO ALL DBE FIRMS UTILIZED OVER THE LIFE OF THE CONTRACT (INCLUDE RETAINAGE). IN ADDITION TO LISTING THE AMOUNT PAID, IF THE DBE FIRM WAS ORIGINALLY LISTED TO MEET A GOAL, PLEASE PROVIDE THE ORIGINAL COMMITMENT AMOUNT. THE COMMITMENT AMOUNT CAN BE FOUND ON THE OCR 481-SA-C FORM THAT IS A PART OF THE CONTRACT DOCUMENT.

FIRM NAME	R/N	R/C	COMMITMENT	Paid
			TOTAL PAID :	
			CONTRACT TOTAL:	
			% TOTAL BID :	

SUBMITTED BY :

TITLE :

DATE :

APPROVED STATE AID (DBE COORDINATOR)

DATE :

If the paid amount is less than the commitment amount, please provide explanation for the under-payment.

