ARIZONA DEPARTMENT OF TRANSPORTATION

Clear Form

DISADVANTAGED BUSINESS ENTERPRISE (DBE)
CERTIFICATION OF FINAL DBE PAYMENTS
CONSTRUCTION
(Submit form for each DBE working on the contract)

The undersigned Contractor on **Agency Project No**.: _____ **ADOT TRACS No.**:_____ hereby, certifies that full payment was made, to the firm indicated for material and/or work performed under this project's contract as follows:

DBE Firm AZ UTRACS Registration No.: _____

Name of DBE Firm _____was paid the amount of _____

This certificate is made under Federal and State Laws concerning false statement. Supporting documentation for this payment is subject to audit and should be retained for a minimum of three years from project acceptance date. In the event the DBE was not paid in accordance with affidavits submitted by the contractor, all documentation supporting the contractor's position should be submitted.

I DECLARE UNDER PENALTY OF PERJURY IN THE SECOND DEGREE, AND ANY OTHER APPLICABLE STATE OR FEDERAL LAWS, THAT THE STATEMENTS MADE ON THIS DOCUMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Contractor Company Name: _____

Check One: ☐ Contractor ☐ Subcontractor

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

The undersigned contractor/subcontractor/supplier/manufacturer for the above named project hereby certified that payments were received and/or justification by the contractor is correct.

I DECLARE UNDER PENALTY OF PERJURY IN THE SECOND DEGREE, AND ANY OTHER APPLICABLE STATE OR FEDERAL LAWS, THAT THE STATEMENTS MADE ON THIS DOCUMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DBE Firm Name: _____

Check One: ☐ Contractor ☐ Subcontractor/Supplier/Manufacture
☐ Lower-tier: Subcontractor/Supplier/Manufacture

Name: _____ Title: _____

Signature: _____ Date: _____