

NEW JERSEY TURNPIKE AUTHORITY
SMALL BUSINESS ENTERPRISE / DISABLE VETERAN OWNED BUSINESS UTILIZATION
SBE/DVOB UTILIZATION FORM

OPS No. _____ Title: _____ Date: _____

1. Name & Address of Subconsultant/Supplier	2. SBE Certified	3. DVOB Certified	4. Type of Work to be Performed	5. Estimated Percentage of Contract

[ATTACH ADDITIONAL PAGES IF NECESSARY]

PERCENTAGE TOTAL: SBE Subconsultant Utilization: _____ (From column 5)

PERCENTAGE TOTAL: DVOB Subconsultant Utilization: _____ (From column 5)

The undersigned will enter into a formal agreement with the SBE(s)/DVOB(s) listed above, if awarded the OPS set forth above.

Name of Firm (Prime): _____

Signature: _____

Firm's SBE/DVOB Liaison Officer

Telephone No. _____

The certifications for all SBE(s) and DVOB(s) listed above shall be submitted together with this SBE/DVOB Utilization form .