FORMS AND EXAMPLES 253

PROJECT DIARY 257
ENGINEER'S WEEKLY SUMMARY 259
PROGRESS SCHEDULE CHART 260
PROOF ROLLING DAILY REPORT 262
ANNUAL FHWA 1391 263
SUBCONTRACT APPROVAL FORM 264
SUBCONTRACT APPROVAL FORM INSTRUCTIONS 265
SUBCONTRACT APPROVAL FORM - ATTACHMENT 267
ADDITIONAL SECOND TIER SUBCONTRACTOR FORM 268
REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND RATE 269
EXAMPLE TRUCKING PLAN 270
TRUCK MONITORING FORM EXAMPLE 272
TRUCK MONITORING FORM 273
JOINT CHECK FORM 274
DBE MBE WBE REPLACEMENT REQUEST FORM 275
SUPPLEMENTAL AGREEMENT PRICING FORM 276
FORCE ACCOUNT SUMMARY FORM 480 277
FORM 480A MATERIALS 278
FORM 480B LABOR 279
FORM 480B LABOR OVERTIME 280
FORM 480B LABOR SUMMARY 281
FORM 480B LABOR ADDITIVES 282
FORM 480B TRAVEL - METHOD A 283
FORM 480B TRAVEL METHOD B 284
FORM 480B TRAVEL SUMMARY 285
FORM 480C EQUIPMENT 286
FORM 480C OWNER/OPERATOR EQUIPMENT 287
CERTIFICATE OF LIABILITY INSURANCE 288
ABC SAMPLING LOG FORM 290
ABC SAMPLING LOG FORM 291
FORCE ACCOUNT CONSTRUCTION 292
SAMPLE AFFIDAVIT 293
SAMPLE CONSENT OF SURETY 294
DBE/MBE/WBE/ SUBCONTRACT COMMITMENT PAYMENT SUMMARY 295

FORMS AND EXAMPLES

The following forms and examples have been provided to assist the Division and Resident Engineers and their staff in completing the various required documentation for contract construction projects. It is the intent of this subsection of the Manual to have various forms available to the Resident Engineers, however, keep in mind that the majority of the forms are available electronically on the Department website.

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NORTH CAROLINA DEPARTMENT OF TRANSPORTATION — Construction Unit
INSPECTOR'S DAILY REPORT — Revised 7/2014

Contract No.:	T.I.P. Number:	Inspector:	Day:	Date:

High Temp:	AM Conditions:	PM Conditions:
Low Temp:		

Effects of Weather on Items of Work

Items of Work	No Effect All Day	Effected Less Than 50% of Work Day	Effected More Than 50% of Work Day	No Work All Day	Remarks
	☐	☐	☐	☐	
	☐	☐	☐	☐	
	☐	☐	☐	☐	

Accidents (Check One): ☐ No ☐ Yes See Accident Report Dated:

Visitors:	Engineering Staff:

Contractor(s) and Personnel

No.	Name	Type	#	Hrs	Type	#	Hrs	Type	#	Hrs	Type	#	Hrs
1.	Prime	Supt			Foreman			Operators			Laborers		
2.	Sub/Utility	Supt			Foreman			Operators			Laborers		
3.	Sub/Utility	Supt			Foreman			Operators			Laborers		

Contractor(s) Equipment (Active or Idle)

Contr/ Sub No.	Description	Number of Pieces	Number Used	Total Hours Used

Details of Daily Operations

Inspection Details (Items Checked/Results/Corrective Actions)

Traffic Control Review

Personal Risk & Hazards Assessment (Inspection Staff Only)

Operational Risk Management Controls

(Check all that apply or indicate"N/A" for Not Applicable)

Hard Hat		Ear Protection		Fall Protection	
Safety Vest		Eye Protection		Trenching / Shoring	
Steel Toed Shoes		Safe Parking		Confined Space	
Lifting / Back Safety		Backup Alarm / Spotter		Crane Swing Area	

Other Controls / Reassessment

Inspector's Signature

PROJECT DIARY

FORM CU-D
REV. 03-07

CONTRACT NO.: _____ DAY & DATE: _____

WEATHER: _____ TEMP. HIGH: _____ LOW: _____

THE FOLLOWING DAILY REPORTS INCLUDED HEREWITH ARE BEING MADE A PART OF THE PROJECT DIARY:

CONTRACTOR/SUBCONTRACTOR	DESCRIPTION OF OPERATION
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	

PROJECT INSPECTOR'S DAILY SUMMARY

Delays to Contractor's Operations ☐ Yes ☐ No
If Yes, Explain _____

Was any work in dispute? ☐ Yes ☐ No
If Yes, Explain _____

_____ REVIEWED BY: _____
PROJECT INSPECTOR'S SIGNATURE ENGINEER'S INITIALS

PROJECT INSPECTOR'S COMMENTS:

PROJECT ENGINEER'S COMMENTS:

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

ENGINEER'S WEEKLY SUMMARY

3/07

Contract No.:	T.I.P. No.:	Week Beginning:

ENGINEER'S WEEKLY SUMMARY OF EVENTS, OBSERVATIONS AND REMARKS

CONTRACTOR'S CONTROLLING OPERATION(S):

Engineer's Signature	Date

THIS FORM SHOULD BE COMPLETED WEEKLY BY THE RESIDENT ENGINEER FOR CONSTRTUCTION ACTIVITIES OCCURING MONDAY THROUGH SUNDAY. AFTER COMPLETION, ATTACH THIS FORM TO THE TOP OF THE WEEK'S DAILY REPORTS OF CONSTRUCTION AND INCLUDE IN THE PROJECT DIARY.

PROGRESS SCHEDULE CHART

PROJECT NO.:																COUNTY:
BID ITEM & PRORATA PERCENT OF TOTAL BID	**TIME PERCENT**															
	TME (WORK OR AVAILABLE DAYS)															
Mobilization, Tr. Con. 9%																
Grading 22%																
Drainage, C&G 11%																
Paving 28%																
Signs, Markings 5%																
Culvert 4%																
Signals 7%																
Seeding, Erosion Control 9%																
Utilities 5%																
Time Calendar Days			30	60	90	120	150	180	210	240	270	300	330	360	390	420

CONTRACTOR:						Date:			100%
									90%
									80%
									70%
									60%
									50%
									40%
									30%
									20%
									10%
									0%
450	480	510	540	570	600	630	635		

PROGRESS PERCENT (CURVE)

STATE CONSTRUCTION ENGINEER

RESIDENT ENGINEER

CONTRACTOR'S SIGNATURE

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS

PROOF ROLLING DAILY REPORT

Date: _____

Project No.: _____ **ID No.:** _____ **Report No.:** _____

County: _____ **Make of Roller:** _____

Tire Size and No. Plies: _____ **Weight (Tons Gross):** _____
Use 43-46 Metric Tons (48-50 Tons)

Air Pressure (Checked Daily): _____ MPa. (PSI)
Use 460-500 Mpa (68-72 psi)

Time: Started: _____ Stopped: _____ Hours Rolled: _____
(Units, Decimals)

Started: _____ Stopped: _____

Started: _____ Stopped: _____

Area Rolled: Sta. _____ to Sta. _____ Coverages:* _____

Sta. _____ to Sta. _____ Coverages:* _____

Sta. _____ to Sta. _____ Coverages:* _____

Failures: ** Sta. _____ to Sta. _____

*** Sta. _____ to Sta. _____

Sta. _____ to Sta. _____

Cause of Failure: ** _____

*** _____

Method of Correction: ** _____

*** _____

_____

Remarks: ** _____

*** _____

_____

*A coverage is considered that stage in the rolling procedure when the entire width of the section designated has been in contact with the pneumatic tires of the roller.

Inspector: _____

SIGNED

Resident Engineer: _____

c: Geotechnical Unit
Division Engineer
File

ANNUAL FHWA 1391

FEDERAL-AID HIGHWAY CONSTRUCTION CONTRACTORS ANNUAL EEO REPORT

1. MARK APPROPRIATE BLOCK	2. COMPANY NAME, CITY, STATE:	3. PROJECT NUMBER:	4. DOLLAR AMOUNT OF CONTRACT:	5. PROJECT LOCATION: (County and State)
☐ Contractor ☐ Subcontractor				

This collection of information is required by law and regulation 23 U.S.C. 140a and 23 CFR Part 230. The OMB control number for this collection is 2125-0019 expiring in March, 2013.

6. WORKFORCE ON FEDERAL-AID AND CONSTRUCTION SITE(S) DURING LAST FULL PAY PERIOD ENDING IN JULY 20___ (INSERT YEAR)

TABLE A																					TABLE B			
JOB CATEGORIES	TOTAL EMPLOYED		TOTAL RACIAL/ ETHNIC MINORITY		BLACK or AFRICAN AMERICAN		HISPANIC OR LATINO		AMERICAN INDIAN OR ALASKA NATIVE		ASIAN		NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER		TWO OR MORE RACES		WHITE		APPRENTICES		ON THE JOB TRAINEES	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
OFFICIALS	0	0	0	0																		
SUPERVISORS	0	0	0	0																		
FOREMEN/WOMEN	0	0	0	0																		
CLERICAL	0	0	0	0																		
EQUIPMENT OPERATORS	0	0	0	0																		
MECHANICS	0	0	0	0																		
TRUCK DRIVERS	0	0	0	0																		
IRONWORKERS	0	0	0	0																		
CARPENTERS	0	0	0	0																		
CEMENT MASONS	0	0	0	0																		
ELECTRICIANS	0	0	0	0																		
PIPEFITTER/PLUMBERS	0	0	0	0																		
PAINTERS	0	0	0	0																		
LABORERS-SEMI SKILLED	0	0	0	0																		
LABORERS-UNSKILLED	0	0	0	0																		
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

TABLE C *(Table B data by racial status)*																					
APPRENTICES	0	0																			
OJT TRAINEES	0	0																			

8. PREPARED BY: (Signature and Title of Contractors Representative)	9. DATE	10. REVIEWED BY: (Signature and Title of State Highway Official)	11. DATE
_____	_____	_____	_____

Form FHWA- 1391 (Rev. 06-10) PREVIOUS EDITIONS ARE OBSOLETE

SUBCONTRACT APPROVAL FORM

Form SAF Rev. 2A

Rev. 5-2012

SUBCONTRACT APPROVAL FORM

Contract No.: _____ F.A. No.: _____ Subcontract Request Number: _____

WBS Element: _____ T.I.P. No.: _____ County: _____

APPROVAL IS REQUESTED TO SUBLET THE FOLLOWING ITEMS OF WORK ON THIS PROJECT TO:

_____ Retainage ☐ Certification _____ Reporting No. _____

Subcontractor Name and Address

_____ Retainage ☐ Certification _____ Reporting No. _____

2nd Tier-1 Subcontractor Name and Address

Line Code Number	Item Description	Portion (●)	Partial (♦)	Sub or 2nd Tier	Quantity	UOM	CP *	DBE/MBE/WBE Unit Price	DBE/MBE/WBE Sublet Amount	Subcontract Unit Price	Total Subcontract Amount

Indicates a Portion of Work (●) Indicates a Partial Item (♦) DBE/MBE/WBE Amount _____ Subcontract Amt. _____

SUBCONTRACT CERTIFICATION (applies only to Federal projects)

The Contractor / Subcontractor certifies that the subcontract is in writing and that FHWA 1273, "Required Contract Provisions," have been included in the subcontract / 2nd tier subcontract in its entirety.

Contractor: _____
Signature: _____ Date _____
Title: _____

Subcontractor: _____
Signature: _____ Date _____
Title: _____

2nd Tier
Subcontractor: _____
Signature: _____ Date _____
Title: _____

APPROVED:

Resident Engineer Date

Approved with the understanding that the Contractor will be responsible for the satisfactory performance and completion of the work in compliance with the terms of the contract and that all payments will be made to the Contractor.

SUBCONTRACT APPROVAL FORM INSTRUCTIONS

Form SAF Rev. 2 Revised 5-2012

Subcontract Appproval Form (SAF)

1. Complete the "Subcontract Approval Form" (Form SAF) for the Subcontractor and the 2nd Tier Subcontractor on one form. Additional items of work can be entered on the "Subcontract Approval Form Attachment". If there is more than one 2nd Tier Subcontractor, the information should be listed on the "Subcontract Approval Form - Additional 2nd Tier" (SAF - Additonal 2nd Tier).
2. Reporting Number is the Fiscal Vendor Number for Contractors and Subcontractors. This number can be found on the NCDOT Directory of Transportation Firms - Prequailified Bidders and Subcontractors. Use the following web address to access the list of Prequalilfied Bidders and Subcontractors.

   https://partner.ncdot.gov/VendorDirectory/default.html

   Enter the name of your subcontractor and hit "Submit". If the firm is prequalifed to perform work for NCDOT, the firm's information will be shown on the screen. Click on the firm's name to access the Reporting
3. If retainage is being withheld for the Subcontractor or 2nd Tier Subcontractor place an "X" in the box under the column titled "Retainage."
4. When the proposed Subcontractor or 2nd Tier Subcontractor is a certified DBE, MBE, or WBE Subcontractor, select the appropriate certification from the drop down list. When the proposed Subcontractor is not a certified DBE, MBE, or WBE subcontractor, select "NONE" from the drop down list.
5. **Partial and Portion Items of Work**

   Partial Item of Work is defined as a Subcontractor performing part of the work associated with a line item, such as hauling asphalt or tying steel. The partial item of work should be indicated by the symbol (♦). The work associated with the contract line item to be performed by the Subcontractor shall be identified.

   Portion of Work is defined as a Subcontractor performing all the work associated with a line item, but only a portion of the contract quantity. An example is grading from Station 225+00 - L to the end of the project. The portions of work should be indicated by the symbol (●). The physical limits of the sublet quantity shall be identified.
6. Sub or 2nd Tier - Designate if the work for the associated line item will be performed by a Subcontractor or a 2nd Tier Subcontractor. This must be completed to correctly calculate the Subcontract Amount.
7. Units of Measure (UOM) shown on the Subcontract Approval Form (SAF) shall be the same as those shown in the Department's contract. Any conversions that are necessary to satisfy this requirement shall be the responsibility of the Contractor. The Converted Price (CP) shall be denoted with an asterisk (*). (**Examples of converting units of measure can be found in the HiCAMS User Guide, Chapter 2, Section 8B. Use the following link to view the examples.)**

   http://www.ncdot.org/doh/operations/dp_chief_eng/constructionunit/formsmanuals/UserGuide/Index_User_Guide.html
8. DBE/MBE/WBE Unit Price - This unit price should only be completed for DBE/MBE/WBE Subcontractors. Enter a DBE/MBE/WBE Unit Price for the items of work performed by any certified DBE/MBE/WBE. Use the chart below to determine if a DBE/MBE/WBE Unit Price shall be entered for the line item, based on the certification of the firm.

Subcontractor	2nd Tier	Enter DBE/MBE/WBE Unit Price For
Certified	None	Subcontractor
Certified	Certified	Subcontractor
None	Certified	2nd Tier

The DBE/MBE/WBE Unit Price must be the negotiated unit or lump sum price agreed upon between the Contractor and the Subcontractor. It can be higher, lower or equal to the contract bid price.

9. DBE/MBE/WBE Sublet Amount is the DBE/MBE/WBE Unit Price multiplied by the Quantity. For committed firms, the DBE/MBE/WBE Sublet Line Item Amount shall be the same or higher than the amount listed in the contract.
10. Subcontract Unit Price - The Subcontract Unit Price must be the same as the contract unit price unless the Subcontractor is performing a partial item of work. When a partial item of work is sublet, the unit price must be less than the contract unit price. When only a portion of the quantity of an item is sublet, the unit price shall be the same as the contract unit price. A Subcontract Unit Price must be entered for every line item, including an item of work performed by a DBE/MBE/WBE Subcontractor.
11. The Total Subcontract Amount is the Subcontract Unit Price multiplied by the Quantity.
12. The Subcontract Amount is the amount subcontracted by the Contractor. The amount is used to determine the percent of work performed by the Prime Contractor. (Refer to Article 108-6 of the Standard Specifications for subletting percentages.) The Subcontract Amount is calculated by summing the Total Subcontract Amounts for the Subcontractor. Any items listed on the Attachment sheet for the Subcontractor is also included in the Subcontract Amount. The line items for 2nd Tier Subcontractor(s) are not included.
13. When any item requested to be sublet has been previously included in an approved subcontract, the following statement shall be included above the listing of these items: "The following items are being deleted from "Subcontract Request Number ____."
14. The Contractor, Subcontractor and 2nd Tier Subcontractor shall sign the original Subcontract Approval Form and the Contractor shall submit the form to the Resident Engineer.

Sublet Percentages
FOR USE BY NCDOT PERSONNEL (for non HiCAMS contracts)
The following is the process used to calculate the Sublet Percentages after the approval of each subcontract. The fields will not populate, this process should be hand calculated.

(1) Total Original Contract Amount	_____	(5) Difference {1-(2+3)}	_____
(2) Specialty Items Sublet	_____	(6) Percent by Prime {(1-4)/5	_____
(3) Non-spec. Items Sublet to DBE/MBE/WBE	_____	(7) Threshold Check {(1-4)/(1-2)}	_____
(4) Total Sublet (Grand Total)	_____		

SUBCONTRACT APPROVAL FORM - ATTACHMENT

Form SAF Attachment Rev. 2A

Rev. 5-2012

SUBCONTRACT APPROVAL FORM

Contract No.: _____ F.A. No.: _____ Subcontract Request Number: _____

Line Code Number	Item Description	Portion (●)	Partial (♦)	Sub or 2nd Tier	Quantity	UOM	CP *	DBE/MBE/WBE Unit Price	DBE/MBE/WBE Sublet Amount	Subcontract Unit Price	Total Subcontract Amount

Indicates a Portion ofWork (●)

Indicates a Partial Item (♦)

ADDITIONAL SECOND TIER SUBCONTRACTOR FORM

Form SAF Additional 2nd Tier Rev. 2A

Rev. 5-2012

SUBCONTRACT APPROVAL FORM

Contract No.: _____ F.A. No.: _____ Subcontract Request Number: _____

WBS Element: _____ T.I.P. No.: _____ County: _____

APPROVAL IS REQUESTED TO SUBLET THE FOLLOWING ITEMS OF WORK ON THIS PROJECT TO:

_____ Retainage ☐ Certification [ ] Reporting No. [ ]

2nd Tier-2 Subcontractor Name and Address

_____ Retainage ☐ Certification [ ] Reporting No. [ ]

2nd Tier-3 Subcontractor Name and Address

Line Code Number	Item Description	Portion (●)	Partial (♦)	Sub or 2nd Tier	Quantity	UOM	CP *	DBE/MBE/WBE Unit Price	DBE/MBE/WBE Sublet Amount	Subcontract Unit Price	Total Subcontract Amount

Indicates a Portion of Work (●) Indicates a Partial Item (♦)

SUBCONTRACT CERTIFICATION (applies only to Federal projects)

The Contractor / Subcontractor certifies that the subcontract is in writing and that FHWA 1273, "Required Contract Provisions," have been included in the subcontract / 2nd tier subcontract in its entirety.

Contractor: _____
Signature: _____ Date _____
Title: _____

Subcontractor: _____
Signature: _____ Date _____
Title: _____

2nd Tier Subcontractor: _____
Signature: _____ Date _____
Title: _____

APPROVED:

Resident Engineer Date

Approved with the understanding that the Contractor will be responsible for the satisfactory performance and completion of the work in compliance with the terms of the contract and that all payments will be made directly to the Contractor.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND RATE

AUTHORIZED FOR LOCAL REPRODUCTION

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND RATE

CHECK APPROPRIATE BOX
☐ SERVICE CONTRACT
☐ CONSTRUCTION CONTRACT

OMB No.: 9000-0089
Expires: 04/30/2005

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (MVP), Office of Acquisition Policy, GSA, Washington, DC 20405; and to the Office of Management and Budget, Paperwork Reduction Project (9000-0089), Washington, DC 20503.

INSTRUCTIONS: THE CONTRACTOR SHALL COMPLETE ITEMS 3 THROUGH 16, KEEP A PENDING COPY, AND SUBMIT THE REQUEST, IN QUADRUPLICATE, TO THE CONTRACTING OFFICER.

1. TO:
ADMINISTRATOR, Employment Standards Administration
WAGE AND HOUR DIVISION
U.S. DEPARTMENT OF LABOR
WASHINGTON, D.C. 20210

2. FROM: *(REPORTING OFFICE)*

3. CONTRACTOR

4. DATE OF REQUEST

5. CONTRACT NUMBER	6. DATE BID OPENED *(SEALED BIDDING)*	7. DATE OF AWARD	8. DATE CONTRACT WORK STARTED	9. DATE OPTION EXERCISED *(IF APPLICABLE) (SCA ONLY)*

10. SUBCONTRACTOR *(IF ANY)*

11. PROJECT AND DESCRIPTION OF WORK *(ATTACH ADDITIONAL SHEET IF NEEDED)*

12. LOCATION *(CITY, COUNTY AND STATE)*

13. IN ORDER TO COMPLETE THE WORK PROVIDED FOR UNDER THE ABOVE CONTRACT, IT IS NECESSARY TO ESTABLISH THE FOLLOWING RATE(S) FOR THE INDICATED CLASSIFICATION(S) NOT INCLUDED IN THE DEPARTMENT OF LABOR DETERMINATION

NUMBER: _____ DATED: _____

a. LIST IN ORDER: PROPOSED CLASSIFICATION TITLE(S); JOB DESCRIPTION(S); DUTIES; AND RATIONALE FOR PROPOSED CLASSIFICATIONS (SCA ONLY)	b. WAGE RATE(S)	c. FRINGE BENEFITS PAYMENTS
(Use reverse or attach additional sheets, if necessary)		

14. SIGNATURE AND TITLE OF SUBCONTRACTOR REPRESENTATIVE *(IF ANY)*

15. SIGNATURE AND TITLE OF PRIME CONTRACTOR REPRESENTATIVE

16. SIGNATURE OF EMPLOYEE OR REPRESENTATIVE

TITLE

CHECK APPROPRIATE BOX-REFERENCING BLOCK 13:
☐ AGREE ☐ DISAGREE

TO BE COMPLETED BY CONTRACTING OFFICER ***(CHECK AS APPROPRIATE - SEE FAR 22.1019 (SCA) OR FAR 22.406-3 (DBA))***

☐ THE INTERESTED PARTIES AGREE AND THE CONTRACTING OFFICER RECOMMENDS APPROVAL BY THE WAGE AND HOUR DIVISION. AVAILABLE INFORMATION AND RECOMMENDATIONS ARE ATTACHED.

☐ THE INTERESTED PARTIES CANNOT AGREE ON THE PROPOSED CLASSIFICATION AND WAGE RATE. A DETERMINATION OF THE QUESTION BY THE WAGE AND HOUR DIVISION IS THEREFORE REQUESTED. AVAILABLE INFORMATION AND RECOMMENDATIONS ARE ATTACHED.

(Send copies 1, 2, and 3 to Department of Labor)

SIGNATURE OF CONTRACTING OFFICER OR REPRESENTATIVE	TITLE AND COMMERCIAL TELEPHONE NO.	DATE SUBMITED

PREVIOUS EDITION IS USABLE

STANDARD FORM 1444 (REV. 12-2001)
Prescribed by GSA-FAR (48 CFR) 53.222(f)

EXAMPLE TRUCKING PLAN

Road Warriors Contracting
1234 Gills Avenue
P.O. Box 22345
Walls, North Carolina 22567
832-555-5555

October 12, 2010

Mr. Resident Engineer
1234 District Drive
Salty, North Carolina 23568

Mr. Engineer:

In accordance with the DBE Provisions, I have attached a proposed trucking plan for this project, to assist you with truck monitoring.

Please contact me at (832) 555-5555 if you need additional information.

Thank you,

I. M. Owner

Truck Plan

Contract No: C123456
County: Dancoe

Listing of Firms

Trucking Firm	DBE Certification	Number of Trucks Owned
Over the Hill Trucking	DBE/MBE	5
Lucky Trucking	DBE/MBE	3
Well Transportation	DBE/MBE	8
Richie Rich Trucks	DBE/WBE	3
Ball Hauling	None	2
TNT Trucking	None	1

Total Available Trucks **22**

Individual Truck Listing

Firm	Truck Type	Truck Number	Asphalt	Borrow	Rev. Asp Pvmt	#57 Stone	Fnd Cont Mat	Minor Str	Milling Asp	Incidental Milling
Over the Hill Trucking	**Mack RD 690A - Quad Axle**	Over 1	X	X	X	X	X		X	X
	Mack RD 690A - Quad Axle	Over 2	X	X	X	X	X		X	X
	Mack RD 690A - Tri Axle	Over 3	X	X	X	X	X		X	X
	Mack RD 690A - Quad Axle	Over 4	X	X	X	X	X		X	X
	Mack RD 690A - Tri Axle	Over 5	X	X	X	X	X		X	X
Lucky Trucking	Ford L-9000 Tri Axle	LT 3	X	X						
	Ford L-9000 Tri Axle	LT 4	X	X						
	Ford L-9000 Tri Axle	LT 5	X	X						
Well Transportation	Mack DM 688S Tri Axle	Well -01	X	X	X					
	Mack RD 690S Quad Axle	Well-03	X	X	X					
	Mack RD 690S Quad Axle	Well-04	X	X	X					
	Mack RD 690S Quad Axle	Well-06	X	X	X					
	Mack RD 690S Quad Axle	Well-11	X	X	X					
	Mack RD 690S Quad Axle	Well-10	X	X	X					
	Mack DM 688S Tri Axle	Well-08	X	X	X					
	Mack DM 688S Tri Axle	Well 07	X	X						
Richie Rich Trucks	Mack 690 Quad Axle	RR-11	X	X						
	Mack 690S Tri Axle	RR-22	X	X						
	Mack 690S Tri Axle	RR-33	X	X						
Ball Trucking	Ford L-9000 Tri Axle	Ball 1	X	X						
	Ford L-9000 Tri Axle	Ball 2	X	X						
TNT Trucking	Mack 686LS Quad Axle	TNT 1	X	X						

TRUCK MONITORING FORM EXAMPLE

EXAMPLE

TRUCK REPORT

ATTACH TO INSPECTOR'S DAILY REPORT

CONTRACT NO. :	TIP NO. :	WBS NO. :	DAY:	DATE:
C201447	R-4002	34572.3.2	Monday	6/7/2010

PRIME CONTRACTOR	DUAL AXLE	TRI AXLE	QUAD	OTHER	REMARKS
S.T. WOOTEN					
DBE SUBCONTRACTORS					
MILITARY & FEDERAL CONSTRUCTION	6				
CARDINAL BLUE ENTERPRISES	4				
MAR-TECH LAND DEVELOPERS	4				
HAROLD A. PURYEAR TRUCKING	4				See Joe Smith Hauling
NON-DBE					
Joe Smith Hauling	4				Working with Puryear, Full DBE credit
Joe Johnson Hauling	2				Non/DBE, not part of commitment
TOTALS	24				

PROJECT INSPECTOR'S SIGNATURE

NOTE: IF NO TRUCKS USED, NOTE ON INSPECTOR'S DAILY REPORT.

TRUCK MONITORING FORM

TRUCK REPORT

ATTACH TO INSPECTOR'S DAILY REPORT

CONTRACT NO. :	TIP NO. :	WBS NO. :	DAY:	DATE:

PRIME CONTRACTOR	DUAL AXLE	TRI AXLE	QUAD	OTHER	REMARKS
DBE/WB/MB SUBCONTRACTORS					
NON-DBE					
TOTALS					

PROJECT INSPECTOR'S SIGNATURE

JOINT CHECK FORM

STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

JOINT CHECK NOTIFICATION FORM *(FOR DBE/MBE/WBE FIRMS ONLY)*

CONTRACT/PROJECT NUMBER:	NAME OF PRIME CONTRACTOR:

Name of Subcontractor _____

Name of Material Supplier _____

Items of work _____

Comments _____

Who requested joint check utilization? _____ Prime _____ Sub _____ Supplier

Why? _____

Information:

NCDOT will closely monitor the use of joint checks, and this practice will be subject to review by NCDOT's DBE Compliance Audit Unit within the Office of Inspector General. To receive DBE/MBE/WBE credit for performing a commercially useful function with respect to obtaining materials and supplies, a DBE/MBE/WBE must "be responsible for negotiating price, determining quality and quantity, ordering the material and installing (where applicable) and paying for the material itself." Only when a DBE/MBE/WBE meets all requirements should credit be counted for the procurement of items by the DBE/MBE/WBE. For more information, visit http://www.ncdot.org/business/ocs/.

Please read the attached Joint Check Procedures. If the proper procedures are not followed or the department determines that the arrangements results in a lack of independence for the DBE involved, no credit for the DBEs participation as it relates to the material cost will be used toward the contract goal requirement and the prime will need to make up the difference elsewhere on the project.

I have read and understand the above information and the attached Joint Check Procedures. I hereby acknowledge that the information provided on this form is true and accurate.

Authorized Subcontractor Representative:

_____

Signature Title Date

Authorized Material Supplier Representative:

_____

Signature Title Date

Authorized Prime Contractor Representative:

_____

Signature Title Date

Received:

NCDOT Contract Administrator_____ Date_____

Documentation for financial transactions attached? _____

Comments _____

CC: State Contractor Utilization Engineer

Bridge/Roadway Engineer 11/2008

DBE MBE WBE REPLACEMENT REQUEST FORM

STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

DBE MBE WBE REPLACEMENT REQUEST FORM

The North Carolina Department of Transportation (NCDOT) is committed to the participation of Disadvantaged, Minority and Woman Business Enterprises (DBE/MBE/WBE), in contracting opportunities in accordance with 49 Code of Federal Regulations (CFR). It is the policy of NCDOT to ensure nondiscrimination on the basis of race, color, sex or national origin in the award and administration of the contacts.

In accordance with the Special Provisions the Contractor shall not terminate a committed DBE/MBE/WBE subcontractor for convenience or perform the work with its own forces or those of an affiliate. Reasonable methods to resolve performance disputes must be applied. The contractor must demonstrate reasonable efforts to replace a committed DBE/MBE/WBE firm that does not perform as intended with another committed DBE/MBE/WBE firm. Replacement of a DBE without written approval from NCDOT is a violation of contract provisions and may result in the Contractor being disqualified from bidding for a period of up to 6 months.

Contract Number: _____

DBE/MBE/WBE being replaced: _____

Explanation for Replacement: _____
_____
_____

Subcontract Amount: _____

Amount of Subcontract Remaining: _____

Line Items: _____
_____

If a DBE/MBE/WBE subcontractor is terminated, or fails to complete its work on the contract for any reason, the prime contractor will make good faith efforts to find another DBE/MBE/WBE subcontractor to substitute for the original DBE/MBE/WBE. These good faith efforts shall be directed at finding another DBE to perform at least the same amount of work under the contract as DBE/MBE/WBE that was terminated, to the extent needed to meet the contract goal established for the project

Replacement Contractor: _____

Is this a NCDOT Certified DBE/MBE/WBE contractor? Yes ___ **No** ___

By signing this document, the Contractors and Resident Engineer who is the designated representative of NCDOT, concurs with the process of replacing the named DBE/MBE/WBE subcontractor.

_____
DBE Contractor Signature **Date**

_____
Prime Contractor Signature **Date**

_____
Resident Engineer Signature
Date

Upon Completion Send to:

Cc: **Division Engineer**
State Construction Engineer
State Contractor Utilization Engineer
Business Opportunity and Workforce Development

SUPPLEMENTAL AGREEMENT PRICING FORM

Assemble separately for each operation within the Supplemental Agreement

Project Number	**Date**
Turn-around time needed to avoid project delays Day(s) Potential impacts to project schedule should be discussed when prices are requested	
Brief description of Supplemental Agreement	
If work is subcontracted, describe portion of work performed by Prime	
Describe special conditions that affect pricing (Risk)	
Materials*	
Cost	$
Transportation Costs	$
Anticipated fabrication and/or delivery time	
*Provide description of material(s) and source(s)	
Labor*	
Labor cost	$
Labor Burden (Percent mark-up to labor cost) *Provide certified annual labor burden	$
*Attach quantity, duration, labor classification and wage rates of anticipated work force.	
Equipment*	
Cost	$
*Attach quantity, type, production rates and duration of associated equipment. Identity rented equipment separately.	
*Describe any equipment that is idled during operations or associated with crew and idled by operation.	
Subtotal of costs associated with work	$
Subcontract	
Subcontract Administration Cost (percent mark-up on cost subtotal)	$
Overhead	
Overhead Cost (percent mark-up on cost subtotal)	$
Profit	
Profit Cost (percent mark-up on cost subtotal)	$
Total Supplemental Agreement Price	$
Time Extension*	**Days**
***Provide justification for any proposed time extension**	
The costs detailed herein, although an estimate of the proposed work, are based upon the most accurate available information and/or historical costs of similar operations. Date	

FORCE ACCOUNT SUMMARY FORM 480

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

Contract Number: _____

DETAILED STATEMENT OF FORCE ACCOUNT WORK

SUMMARY

AUTHORIZED BY LETTER DATED: _____

STATE PROJECT: _____ F. A. No.: _____ COUNTY: _____ CONTRACTOR: _____

SUBCONTRACTOR : _____ Week Ending: _____

SUBCONTRACTOR SUMMARY ITEM	AMOUNT (A)	ADDITIVE (B)	ADDITIVE AMOUNT (A)x(B)=(C)	TRANSPORTATION COSTS (D)	SUBTOTAL (A)+(C) OR (A)+(D)	REMARKS
MATERIALS	$	15%			$	
LABOR ADDITIVES	$				$	
LABOR	$				$	
LABOR OVERTIME	$				$	
TRAVEL ALLOWNACES	$				$	
STANDBY OR IDLE LABOR	$				$	
EQUIPMENT	$				$	
STANDBY OR IDLE EQUIPMENT	$			$	$	
RENTAL EQUIPMENT	$		$	$	$	
				SUB-CONTRACTOR TOTAL:		

CONTRACTOR SUMMARY ITEM	AMOUNT (A)	ADDITIVE (B)	ADDITIVE AMOUNT (A)x(B)=(C)	TRANSPORTATION COSTS (D)	SUBTOTAL (A)+(C) OR (A)+(D)	REMARKS
MATERIALS	$	15%			$	
LABOR ADDITIVES	$				$	
LABOR	$				$	
LABOR OVERTIME	$				$	
TRAVEL ALLOWANCES	$				$	
STANDBY OR IDLE LABOR	$				$	
EQUIPMENT	$				$	
STANDBY OR IDLE EQUIPMENT	$			$	$	
RENTAL EQUIPMENT	$			$	$	
SUBCONTRACTORS TOTAL	$	* SEE BELOW	$		$	
				FORCE ACCOUNT TOTAL:	$	

*SUBCONTRACTING ADMINISTRATIVE COSTS

Total Subcontracting Cost	Rate Schedule
$0.00 to $10,000.00	10%
Above $10,000.00	$1000.00 + 5% above $10,000.00

CERTIFICATION:

I hereby certify that the quantities and amounts herein shown were compiled by me and are correct to the best of my knowledge and belief, and that the work has been performed and the materials used in accordance with the Plans and Specifications heretofore approved for same.

_____ APPROVED: _____

RESIDENT ENGINEER *DIVISION ENGINEER*

FORM 480A MATERIALS

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
DETAILED STATEMENT OF FORCE ACCOUNT WORK
MATERIALS

CONTRACT NO. _____ AUTHORIZED BY LETTER DATED: _____

STATE PROJECT: _____ F.A. NO. : _____ COUNTY: _____ CONTRACTOR: _____
SUBCONTRACTOR : _____ WEEK ENDING: _____

MATERIALS (Including Transportation Costs) MATERIAL DESCRIPTION	**UNIT**	**COST PER UNIT**	**QUANTITY**	**AMOUNT**	**REMARKS**
			MATERIAL SUBTOTAL:		

CERTIFICATION:

I hereby certify that the quantities and amounts herein shown were compiled by me and are correct to the best of my knowledge and belief, and that the work has been performed and the materials used in accordance with the Plans and Specifications heretofore approved for same.

_____ APPROVED: _____

RESIDENT ENGINEER *DIVISION ENGINEER*

FORM 480B LABOR

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
DETAILED STATEMENT OF FORCE ACCOUNT WORK
LABOR / STANDBY OR IDLE LABOR

CONTRACT NO. _____ AUTHORIZED BY LETTER DATED: _____

STATE PROJECT: _____ FA#: _____ COUNTY: _____ CONTRACTOR: _____

SUBCONTRACTOR : _____ WEEK ENDING: _____

LABOR NAME	CLASSIFICATION	1/09 S	1/10 M	1/11 T	1/12 W	1/13 T	1/14 F	1/15 S	TOTAL HOURS	BASE WAGE RATE	AMOUNT
										LABOR SUBTOTAL:	(15)

STANDBY OR IDLE LABOR NAME	CLASSIFICATION	1/09 S	1/10 M	1/11 T	1/12 W	1/13 T	1/14 F	1/15 S	TOTAL HOURS	BASE WAGE RATE	AMOUNT
										STANDBY OR IDLE LABOR SUB-TOTAL:	

CERTIFICATION:

I hereby certify that the quantities and amounts herein shown were compiled by me and are correct to the best of my knowledge and belief, and that the work has been performed and the materials used in accordance with the Plans and Specifications heretofore approved for same.

_____ APPROVED: _____

RESIDENT ENGINEER *DIVISION ENGINEER*

FORM 480B LABOR OVERTIME

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
DETAILED STATEMENT OF FORCE ACCOUNT WORK
LABOR OVERTIME

CONTRACT NO. _____ AUTHORIZED BY LETTER DATED: _____

STATE PROJECT: _____ FA#: _____ COUNTY: _____ CONTRACTOR: _____

SUBCONTRACTOR : _____ WEEK ENDING: _____

LABOR NAME	CLASSIFICATION	1/09 S	1/10 M	1/11 T	1/12 W	1/13 T	1/14 F	1/15 S	TOTAL HOURS	BASE WAGE RATE	AMOUNT
										LABOR SUBTOTAL:	

STANDBY OR IDLE LABOR NAME	CLASSIFICATION	1/09 S	1/10 M	1/11 T	1/12 W	1/13 T	1/14 F	1/15 S	TOTAL HOURS	BASE WAGE RATE	AMOUNT
										STANDBY OR IDLE LABOR SUB-TOTAL:	

CERTIFICATION:

I hereby certify that the quantities and amounts herein shown were compiled by me and are correct to the best of my knowledge and belief, and that the work has been performed and the materials used in accordance with the Plans and Specifications heretofore approved for same.

_____ APPROVED: _____

RESIDENT ENGINEER *DIVISION ENGINEER*

FORM 480B LABOR SUMMARY

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
DETAILED STATEMENT OF FORCE ACCOUNT WORK
PAYROLL ADDITIVES

CONTRACT NO. _____ AUTHORIZED BY LETTER DATED: _____

STATE PROJECT: _____ F.A. NO. : _____ COUNTY: _____ CONTRACTOR: _____
SUBCONTRACTOR : _____ WEEK ENDING: _____

LABOR SUMMARY **ITEM**	**AMOUNT**

CERTIFICATION:

I hereby certify that the quantities and amounts herein shown were compiled by me and are correct to the best of my knowledge and belief, and that the work has been performed and the materials used in accordance with the Plans and Specifications heretofore approved for same.

_____ APPROVED: _____
RESIDENT ENGINEER *DIVISION ENGINEER*

FORM 480B LABOR ADDITIVES

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
DETAILED STATEMENT OF FORCE ACCOUNT WORK
PAYROLL ADDITIVES
AUTHORIZED BY LETTER DATED:

CONTRACT NO. _____

STATE PROJECT: _____ F.A. NO. : _____ COUNTY: _____ CONTRACTOR: _____
SUBCONTRACTOR : _____ WEEK ENDING: _____

BOND, INSURANCE AND TAXES ITEM	**RATE** (PROVIDED BY CONTRACTOR)	**APPLICABLE QUANTITY**	**AMOUNT**	**REMARKS**

SUBTOTAL OF SUBMIITED PAYROLL ADDITIVES

SECTION 109-3A ALLOWS 35% ADDITIVE IF ACTUAL LABOR BURDEN RATES CANNOT BE VERIFIED. (TOTAL LABOR * 35%) $ _____

ALLOWABLE PAYROLL ADDITIVE $ _____

CERTIFICATION:

I hereby certify that the quantities and amounts herein shown were compiled by me and are correct to the best of my knowledge and belief, and that the work has been performed and the materials used in accordance with the Plans and Specifications heretofore approved for same.

_____ APPROVED: _____
RESIDENT ENGINEER *DIVISION ENGINEER*

FORM 480B TRAVEL - METHOD A

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
DETAILED STATEMENT OF FORCE ACCOUNT WORK
TRAVEL AND SUBSISTENCE

CONTRACT NO. _____ AUTHORIZED BY LETTER DATED: _____

METHOD "A"

STATE PROJECT: _____ F.A. NO. : _____ COUNTY: _____ CONTRACTOR: _____

SUBCONTRACTOR : _____ WEEK ENDING: _____

Employees Name & Dates of Travel	COST OF MEALS	COST PER DAY		AMOUNT SUBMITTED	ALLOWABLE AMOUNT
			TRAVEL AND SUBSITENCE SUBTOTAL:		

ARTICLE 109-3B ALLOWS FOR COMPENSATION AT THE CURRENT IN-STATE RATE FOR STATE EMPLOYEES. RATE AS OF JULY 1, 20___ IS $_____
MEAL ALLOWANCE PER DAY IS $_____, ROOM RATE IS $_____ .

CERTIFICATION:

I hereby certify that the quantities and amounts herein shown were compiled by me and are correct to the best of my knowledge and belief, and that the work has been performed and the materials used in accordance with the Plans and Specifications heretofore approved for same.

_____ APPROVED: _____

RESIDENT ENGINEER *DIVISION ENGINEER*

FORM 480B TRAVEL METHOD B

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
DETAILED STATEMENT OF FORCE ACCOUNT WORK
TRAVEL AND SUBSISTENCE
AUTHORIZED BY LETTER DATED: _____
Method B

CONTRACT NO. _____

STATE PROJECT: _____ F.A. NO. : _____ COUNTY: _____ CONTRACTOR: _____
SUBCONTRACTOR : _____ WEEK ENDING: _____

Employees Name	CONTRACTOR PER DIEM NONE ACCOUNTABLE	LENGTH OF STAY	AMOUNT SUBMITTED	ALLOWABLE AMOUNT
	TRAVEL AND SUBSITENCE SUBTOTAL:			

ARTICLE 109-3B ALLOWS FOR COMPENSATION AT THE CURRENT IN-STATE RATE FOR STATE EMPLOYEES. RATE AS OF JULY 1, 20 ___ IS $_____
MEAL ALLOWANCE PER DAY IS $_____, ROOM RATE IS $_____.

CERTIFICATION:

I hereby certify that the quantities and amounts herein shown were compiled by me and are correct to the best of my knowledge and belief, and that the work has been performed and the materials used in accordance with the Plans and Specifications heretofore approved for same.

_____ APPROVED: _____
RESIDENT ENGINEER *DIVISION ENGINEER*

FORM 480B TRAVEL SUMMARY

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
DETAILED STATEMENT OF FORCE ACCOUNT WORK
TRAVEL SUMMARY

CONTRACT NO. _____ AUTHORIZED BY LETTER DATED: _____

STATE PROJECT: _____ F.A. NO. : _____ COUNTY: _____ CONTRACTOR: _____
SUBCONTRACTOR : _____ WEEK ENDING: _____

LABOR SUMMARY **ITEM**	**AMOUNT**

CERTIFICATION:

I hereby certify that the quantities and amounts herein shown were compiled by me and are correct to the best of my knowledge and belief, and that the work has been performed and the materials used in accordance with the Plans and Specifications heretofore approved for same.

_____ APPROVED: _____

RESIDENT ENGINEER *DIVISION ENGINEER*

FORM 480C EQUIPMENT

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
DETAILED STATEMENT OF FORCE ACCOUNT WORK
EQUIPMENT / RENTAL EQUIPMENT / STANDBY OR IDLE EQUIPMENT
AUTHORIZED BY LETTER DATED: _____

CONTRACT NO. _____
STATE PROJECT NO: _____ F. A. NO.: _____ COUNTY: _____ CONTRACTOR: _____
SUBCONTRACTOR : _____ WEEK ENDING: _____

EQUIPMENT DESCRIPTION	YEAR OF MODEL	BLUE BOOK CHAPTER AND PAGE	BASE MONTHLY RATE (A)	AGE ADJ FACTOR (B)	REGION ADJUST FACTOR (C)	OPER COST per HR (D)	ADJ HRLY RATE*	1/09 S	1/10 M	1/11 T	1/12 W	1/13 T	1/14 F	1/15 S	TOTAL HOURS	AMOUNT	REMARKS

* ADJUSTMENT HOURLY RATE = (A*B*C/176) + 1.0*D

EQUIPMENT SUBTOTAL: _____

RENTAL EQUIPMENT DESCRIPTION	MINIMUM RENTAL PERIOD	RENTAL RATE	ACT. NO. of RENTAL PERIODS	RENTAL AMOUNT	1/09 S	1/10 M	1/11 T	1/12 W	1/13 T	1/14 F	1/15 S	TOTAL HOURS OPER	RENTAL ADDITIVE AMOUNT **	REMARKS

RENTAL EQUIPMENT SUBTOTAL: _____ ***RENTAL EQUIP. ADDITIVE SUBTOTAL:*** _____

** RENTAL ADDITIVE (WEEKLY RATES) = ((RENTAL RATE TIMES TOTAL HOURS OPERATED) DIVIDED BY 40) X .15
RENTAL ADDITIVE (DAILY RATES) = ((RENTAL RATES TIMES TOTAL HOURS OPERATED) DIVIDED BY 8) X .15

STANDBY OR IDLE EQUIPMENT DESCRIPTION	YEAR OF MODEL	BLUE BOOK CHAPTER AND PAGE	BASE MONTHLY RATE	AGE ADJUST FACTOR	REGION ADJUST FACTOR	ADJUSTMENT HOURLY RATE (A*B*C/176)*0.5	1/09 S	1/10 M	1/11 T	1/12 W	1/13 T	1/14 F	1/15 S	TOTAL HOURS	AMOUNT	REMARKS

STANDBY OR IDLE EQUIP. SUBTOTAL: _____

CERTIFICATION:
I hereby certify that the quantities and amounts herein shown were compiled by me and are correct to the best of my knowledge and belief, and that the work has been performed and the materials used in accordance with the Plans and Specifications heretofore approved for same.

_____ APPROVED: _____
RESIDENT ENGINEER *DIVISION ENGINEER*

FORM 480C OWNER/OPERATOR EQUIPMENT

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

DETAILED STATEMENT OF FORCE ACCOUNT WORK

OWNER-OPERATED EQUIPMENT / FULLY MAINTAINED & OWNER OPERATED TRUCKS

AUTHORIZED BY LETTER DATED: _____

CONTRACT NO. _____

STATE PROJECT NO: _____ F. A. NO.: _____ COUNTY: _____ CONTRACTOR: _____

SUBCONTRACTOR : _____ WEEK ENDING: _____

OWNER/OPERATED EQUIPMENT DESCRIPTION	MINIMUM RENTAL PERIOD	RENTAL RATE	ACT. NO. of RENTAL PERIODS	RENTAL AMOUNT	#REF! S	#REF! M	#REF! T	#REF! W	#REF! T	#REF! F	#REF! S	TOTAL HOURS OPER	RENTAL ADDITIVE AMOUNT **	REMARKS

RENTAL EQUIPMENT SUBTOTAL: _____ ***RENTAL EQUIP. ADDITIVE SUBTOTAL:*** _____

FULLY MAINTAINED OWNER OPERATED TRUCKS	MINIMUM RENTAL PERIOD	RENTAL RATE	ACT. NO. of RENTAL PERIODS	RENTAL AMOUNT	#REF! S	#REF! M	#REF! T	#REF! W	#REF! T	#REF! F	#REF! S	TOTAL HOURS OPER	RENTAL ADDITIVE AMOUNT **	REMARKS

RENTAL EQUIPMENT SUBTOTAL: _____ ***RENTAL EQUIP. ADDITIVE SUBTOTAL:*** _____

CERTIFICATION:

I hereby certify that the quantities and amounts herein shown were compiled by me and are correct to the best of my knowledge and belief, and that the work has been performed and the materials used in accordance with the Plans and Specifications heretofore approved for same.

_____ APPROVED: _____

RESIDENT ENGINEER *DIVISION ENGINEER*

EXAMPLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) Month/Date/Year

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number	**INSURERS AFFORDING COVERAGE**	**NAIC #**
INSURED	INSURER A: Name of Insurance Company	Enter NAIC#
Contractor Name Contractor Street Address or P.O. Box Contractor City, State & Zip Code	INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	☒	**GENERAL LIABILITY** ☒ COMMERICAL GENERAL LIABILITY ☐ ☐ CLAIMS MADE ☒ OCCUR ☐ _____ ☐ _____ GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☐ LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE	**$1,000,000**
						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,00
						MED EXP (Any one person)	$N/A
						PERSONAL & ADV INJURY	**$1,000,000**
						GENERAL AGGREGATE	**$2,000,000**
						PRODUCTS - COMP/OP AGG	$1,000,000
							$
A	☐	**AUTOMOBILE LIABILITY** ☒ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS ☐ _____ ☐	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Occurrence)	$
						BODILY INJURY (Per person)	$
						BODILY INJURY (Per accident)	$
						PROPERTY DAMAGE (Per accident)	$
A	☐	**GARAGE LIABILITY** ☒ ANY AUTO ☐ _____	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	AUTO ONLY - EA ACCIDENT	$1,000,000
						OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
A	☒	**EXCESS/UMBRELLA LIABILITY** ☒ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION $Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURRENCE	**$5,000,000**
						AGGREGATE	**$5,000,000**
							$
							$
							$
A	☐	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Enter Policy #	Enter Effective Date	Enter Expiration Date	☒ WC STATUTORY LIMITS ☐ OTH-ER	
						E.L. EACH ACCIDENT	$
						E.L. DISEASE - EA EMPLOYEE	$
						E.L. DISEASE - POLICY LIMIT	$
	☐	**OTHER**					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Insert Contract or Purchase Order Number (Job Descriptions, if Applicable)

CERTIFICATE HOLDER	CANCELLATION
Division of Highway; Dept. of Transportation c/o State Contractual Service Engineer P. O. Box 25201 Raleigh, NC 27611	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE

ACORD 25 (2001/08)

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EXAMPLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) Month/Date/Year

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number	**INSURERS AFFORDING COVERAGE**	**NAIC #**
INSURED	INSURER A: Name of Insurance Company	Enter NAIC#
Contractor Name Contractor Street Address or P.O. Box Contractor City, State & Zip Code	INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	☒	**GENERAL LIABILITY** ☒ COMMERICAL GENERAL LIABILITY ☐ ☐ CLAIMS MADE ☒ OCCUR ☐ _____ ☐ _____ GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☐ LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE	**$1,000,000**
						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,00
						MED EXP (Any one person)	$N/A
						PERSONAL & ADV INJURY	**$1,000,000**
						GENERAL AGGREGATE	**$2,000,000**
						PRODUCTS - COMP/OP AGG	$1,000,000
							$
A	☐	**AUTOMOBILE LIABILITY** ☒ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS ☐ _____ ☐	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Occurrence)	$
						BODILY INJURY (Per person)	$
						BODILY INJURY (Per accident)	$
						PROPERTY DAMAGE (Per accident)	$
A	☐	**GARAGE LIABILITY** ☒ ANY AUTO ☐ _____	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	AUTO ONLY - EA ACCIDENT	$1,000,000
						OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
A	☒	**EXCESS/UMBRELLA LIABILITY** ☒ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION $Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURRENCE	**$4,000,000**
						AGGREGATE	**$4,000,000**
							$
							$
							$
A	☐	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Enter Policy #	Enter Effective Date	Enter Expiration Date	☒ WC STATUTORY LIMITS ☐ OTH-ER	
						E.L. EACH ACCIDENT	$
						E.L. DISEASE - EA EMPLOYEE	$
						E.L. DISEASE - POLICY LIMIT	$
	☐	**OTHER**					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Insert Contract or Purchase Order Number (Job Descriptions, if Applicable)

CERTIFICATE HOLDER	CANCELLATION
Division of Highway; Dept. of Transportation c/o State Contractual Service Engineer P. O. Box 25201 Raleigh, NC 27611	**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.**
	AUTHORIZED REPRESENTATIVE

EXAMPLE

ABC SAMPLING LOG FORM

LC 32 Aggregate Base Course — **Roadway Assurance (RA) Sample Book**

Sample Frequency
- 1 Sample per 2,500 Tons or fraction thereof
- No more than 5 days of ABC placement without a sample.
- Samples may be taken more often to ensure minimum samples are obtained, or as deemed necessary by the RE.

Sample #	Alignment	Station	Distance From C/L	Random Number	Daily Total	Cumulative Total	Represented Quantity	Result	Date	Initials	Remarks
					895.04	895.04			9/12/2009		
					763.66	1658.7			9/23/2009		
					37.58	1696.28			9/26/2009		
RA - 1	-L-	13+35	28.8 Rt	7316	579.77	2276.05	2276.05	Pass	10/10/2009	BYO	
RA - 2	-Y1-	15+23	2.0 Rt	3204	604.24	2880.29	604.24	Fail	12/12/2009	BYO	RE requested sample due to failure to use spreader box
					1030.99	3911.28			10/18/2009		
RA - 2A	-Y1-	15+23	6.6 Rt	2392	----	----	----	Pass	10/18/2009	DOP	Check Sample Passed (Taken by M&T)
					100.11	4011.39			10/19/2009		
					284.05	4295.44			10/20/2009		
RA - 3	-L-	22+54	43.2 Rt	2976	1084.85	5380.29	2500	Pass	10/23/2009	BYO	Today's quantity (1438.99) split between RA-3 and RA-4
					354.14	5734.43			10/23/2009		
					310.56	6044.99			10/24/2009		
					1133.28	7178.27			10/25/2009		
					18.91	7197.18			10/27/2009		
					75.39	7272.57			10/28/2009		
RA - 4	-L-	12+34	44.2 Lt	4820	82.52	7355.09	1974.8	Pass	11/2/2009	BYO	Sample taken due to 5 days of placement
					370.74	7725.83			11/15/2009		
					194.08	7919.91			11/16/2009		
RA - 5	-L-	15+94	40.12 Lt	3937	1309.89	9229.8	1874.71	Fail	11/17/2009	BYO	
RA - 5A	-L-	15+94	41.62 Lt	2930	----	----	-----	Fail	11/23/2009	DOP	Check Sample Failed (Taken by M&T) Removed & Replaced
					911.82	10,141.62			12/12/2009		
					19.53	10161.15			12/14/2009		
RA - 6	-L-	19+32	47.0 Lt	8203	1192.21	11353.36	2123.56	Pass	3/22/2010	FRH	
					743.63	12096.99			3/29/2010		
					292.33	12389.32			3/30/2010		
RA - 7	-L-	21+10	33.4 Lt	3465	678.8	13068.12	1714.76	Pass	4/1/2010	FRH	
RA - 8	-L-	25+37	29.8 Rt	3920	2301.4	15369.52	2301.4	Pass	4/15/2010	BYO	
RA - 9		31+98	31.5 Rt	3827	2500	17869.52	2500	Pass	4/16/2010	KLM	Today's quantity (3019.93) split between RA-9 & RA-10
					519.93	18389.45			4/16/2010		
RA - 10		35+21	42.3 Rt	9372	1913.33	20302.78	2433.26	Pass	4/17/2010	KLM	

Notes
> Random number when days production is less than 2500 should be based on estimated days production for day which sample is taken
> Represented quantity should be 2500 tons or quantity represented since last sample
> Check samples must be taken by M&T Independent Assurance Technician

ABC SAMPLING LOG FORM

Aggregate Base Course				Roadway Assurance (RA) Sample Book							
										Sample Frequency	- 1 Sample per 2,500 Tons or fraction thereof - No more than 5 days of ABC placement without a sample. - Samples may be taken more often to ensure minimum samples are obtained, or as deemed necessary by the RE.
			Distance	Random	Daily	Cumulative	Represented				
Sample #	Alignment	Station	From C/L	Number	Total	Total	Quantity	Result	Date	Initials	Remarks

Notes
> Random number when days production is less than 2500 should be based on estimated days production for day which sample is taken
> Represented quantity should be 2500 tons or quantity represented since last sample
> Check samples must be taken by M&T Independent Assurance Technician

FORCE ACCOUNT CONSTRUCTION

Form 881- FAC
8/12

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
Request to Perform Force Account Construction on Federal Aid Project

The term Force Account Construction refers to construction work NCDOT performs on a federal funded project using its own forces. Specifically it means the direct performance of highway construction work by NCDOT by use of labor, equipment, materials, and supplies furnished by NCDOT and used under its contract terms. All Force Account Construction shall be performed in accordance with the FHWA Order titled "FHWA Policy on Agency Force Account Use". Approval must be granted by the Division Engineer prior to commencement of Force Account Construction. The Division Engineer's authority is limited to a maximum of $50,000 on Delegated Authority projects only. Amounts in excess of $50,000 must be approved by the Chief Engineer. Force Account Construction on Full Oversight projects (Step-by-Step) must be approved by FHWA.

CONTRACT NO: _____ **WBS NO:** _____

TIP NO: _____ **FEDERAL AID NO:** _____

COUNTY: _____

1. Description of the Force Account work:

2. Justification (Emergency or More Cost Effective):

3. Estimated Cost and Cost Comparison Documentation:
(Summarize here and include actual documentation as an attachment)

Requested By: _____ Division Maintenance Engineer **DATE:** _____	**Approval Granted:** _____ Division Engineer **DATE:** _____
Approval Granted (Only required for work over $50,000): _____ Chief Engineer **DATE:** _____	**Approval Granted (Full Oversight Projects Only):** _____ FHWA **DATE:** _____

SAMPLE AFFIDAVIT

Contract No.: _____
County: _____

In the State of _____, County of _____, _____, being duly sworn, deposes and says that he is _____ of _____ and that he has full and official knowledge of all and every of the debts and obligations for labor and materials which have entered into and become a part of that certain section of the State Highway System of the State of North Carolina known and designated as N.C. Contract No. _____; and, acting in his official capacity, and for the specific purpose of obtaining the funds due on this Final Estimate, he further deposes and says that all debts or obligations for such labor and materials have been fully and completely paid and discharged in good and lawful money of the United States of America or by evidences of exchange or trade acceptances endorsed and guaranteed, net, by a solvent National or State Bank, and that there are no suits for damages against the Contractor, pending, prospective, or otherwise, in consequence of his operations on the said project, except as follows:

In witness whereof he has hereto set his hand and seal.

(SEAL)

_____

_____
(Title)

I, _____, a Notary Public of the County and State aforesaid, hereby certify that _____ personally known to me to be the affiant in the foregoing affidavit, personally appeared before me this day and having been by me duly sworn deposes and says that the facts set forth in the above affidavit are true and correct.

Witness my hand and official seal this the _____ day of _____, _____.

(SEAL)

_____
Notary Public

My Commission expires:

____/ ____/ _____.

SAMPLE CONSENT OF SURETY

State Construction Engineer
North Carolina Department of Transportation
1543 Mail Service Center
Raleigh NC 27699-1543

Dear Sir:

The Contractor, _____, for North Carolina Contract Number: _____, in _____ County, whose performance we have guaranteed by our Bond Number _____, has requested that we give our consent to the payment, at your option, of all monies due on his final estimate according to the provisions of his contract.

We hereby give our consent to the payment of the final estimate and agree that such action on your part will not operate to qualify or invalidate the Bond.

Sincerely,

_____

By:_____

Seal of Surety

The Consent of Surety should be prepared on the surety's official stationery and it must be signed by a general officer of the corporation or by an attorney-in-fact. If signed by an attorney-in-fact, a power of attorney must be attached giving the attorney-in-fact specific authority to write Consent authorizing the release of monies and it must also bear the corporate seal.

DBE/MBE/WBE/ SUBCONTRACT COMMITMENT PAYMENT SUMMARY

CONTRACT _____
CONTRACTOR_____

DBE/MBE/WBE Subcontract Commitment Payment Summary

The Contractor is required to utilize the subcontractors for which work was committed at the time of bidding as approved by the Department. Those subcontractors and the applicable dollar value of the work committed are included in the contract. The questions addressed on this form and the information to be supplied refers only to those subcontractors or those subcontractors who are approved as replacements.

1. Were **all** subcontractors listed in the contract utilized on this project? ☐Yes ☐No

2. Were any of the subcontractors listed in the contract replaced? ☐ Yes ☐ No
   List the name of the original subcontractor and the replacement subcontractor, for any that were replaced.

Original	Replacement

Attach a copy of the *DBE MBE WBE Replacement Request Form* and supporting documentation for all subcontractors that were replaced.

3. Is the total of payments entered in the payment tracking system equal to or greater than the committed amount for all subcontractors? ☐ Yes ☐ No

4. List the subcontractor name, the committed amount, and the total payment amount of any subcontractor for which the answer to question number 3 above was "No".

Subcontractor	Committed Amount ($)	Total Payment Amount ($)

Provide justification for any subcontractor not performing the committed value of work. SEE ATTACHMENTS

5. Have all payments been reviewed and accepted? ☐ Yes

Contract Commitment Summary

Federal Aid contracts have one reporting format, DBE. State funded contracts require separate reporting for MBE and WBE subcontractors. Provide the total dollar amounts for the respective group according to the contract.

	Contract Requirement ($)	Actual Payments ($)
DBE		
MBE		
WBE		

_____ _____
Resident Engineer / Contract Administrator Date

Form Date: 1/7/09
Revised: 5/13/09