OCR-487-C
10/02

# DBE Prime Contractors

## MISSISSIPPI DEPARTMENT OF TRANSPORTATION
### OFFICE OF CIVIL RIGHTS
### JACKSON, MISSISSIPPI

**CONTRACT NUMBER:** _____

**CONTRACT COUNTY:** _____

**NAME OF NON_DBE FIRM:** _____

| A | B | C |
|---|---|---|
| **DESCRIPTION OF WORK** | **PER CENT WORK SUBCONTRACTED** | **VALUE OF ITEM (SUBCONTRACTED, MANUFACTURED OR SUPPLIED)** |
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| **TOTAL** | | |
| **PER CENT OF TOTAL BID** | | |

**DATE RECEIVED BY MDOT:** _____

_____
**PRIME CONSULTANT FIRM NAME**

**DATE APPROVED BY MDOT:** _____

**APPROVED BY MDOT:** _____

_____
**SUBMITTED BY (Signature)**

_____
**TITLE**

**INSTRUCTIONS:**

1. SUBMIT THIS FORM TO CONSULTANT SERVICES DIVISION OR THE OFFICE OF CIVIL RIGHTS
2. DBE PRIMES MUST FILL OUT AN OCR-487 ON ALL NON-DBE SUBS.