Engineering Department
400 Robert D. Ray Drive
Des Moines, IA 50309-1891

CERTIFICATION OF DBE/TSB ACCOMPLISHMENT

Owner: _____

Project: _____

Activity ID: _____

Prime Contractor: _____

Total DBE/TSB Commitment: _____

DBE/TSB Companies	Type of Work	DBE/TSB Bid Proposal Commitment	Actual Amount Paid to DBE/TSB

I, _____ (Name) the _____ (Corporate Officer)
of _____ (Prime Contractor) certify the DBE/TSB accomplishment to be true and accurate.

Subscribed and sworn to before me this ____ day of _____, 20 _____.

Seal: Notary Signature:

_____