Exhibit 17-O Disadvantaged Business Enterprises (DBE) Certification Status Change

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| 1. Local Agency Contract Number | | 2. Federal-Aid Project Number | | | | 3. Local Agency | | | | 4. Contract Completion Date |
| 5. Contractor/Consultant | | | 6. Business Address | | | | | | 7. Final Contract Amount | |
| 8. Contract  Item Number | 9. DBE Contact Information | | | 10. DBE Certification Number | 11. Amount Paid  While Certified | | 12. Certification/  Decertification Date  (Letter Attached) | 13. Comments | | |
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| If there were no changes in the DBE certification of subcontractors/subconsultants, indicate on the form. | | | | | | | | | | |
| **I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT** | | | | | | | | | | |
| 14. Contractor/Consultant Representative’s Signature | | | | 15. Contractor/Consultant Representative’s Name | | | | 16. Phone | | 17. Date |
| **I CERTIFY THAT THE CONTRACTING RECORDS AND ON-SITE PERFORMANCE OF THE DBE(S) HAS BEEN MONITORED** | | | | | | | | | | |
| 18. Local Agency Representative’s Signature | | | | 19. Local Agency Representative’s Name | | | | 20. Phone | | 21. Date |
| DISTRIBUTION: Original – Local Agency, Copy – Caltrans District Local Assistance Engineer. Include with Final Report of Expenditures | | | | | | | | | | |

**ADA NOTICE**: For individuals with sensory disabilities, this document is available in alternate formats. For information, call (916) 445-1233, Local Assistance Procedures Manual TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

**INSTRUCTIONS –DISADVANTAGED BUSINESS ENTERPRISES (DBE)**

**CERTIFICATION STATUS CHANGE**

**1. Local Agency Contract Number** - Enter the Local Agency contract number or identifier.

**2. Federal-Aid Project Number** - Enter the Federal-Aid Project Number.

**3. Local Agency** - Enter the name of the local or regional agency that is funding the contract.

**4. Contract Completion Date** - Enter the date the contract was completed.

**5. Contractor/Consultant -** Enter the contractor/consultant’s firm name.

**6. Business Address -** Enter the contractor/consultant’s business address.

**7. Final Contract Amount** - Enter the total final amount for the contract.

**8. Contract Item Number** - Enter contract item for work, services, or materials supplied provided. Not applicable for consultant contracts.

**9. DBE Contact Information** - Enter the name, address, and phone number of all DBE subcontracted contractors/consultants.

**10. DBE Certification Number** - Enter the DBE’s Certification Identification Number.

**11. Amount Paid While Certified** - Enter the actual dollar value of the work performed by those subcontractors/subconsultants during the time period they are certified as a DBE.

**12. Certification/Decertification Date (Letter Attached)** - Enter either the date of the Decertification Letter sent out by the Office of Business and Economic Opportunity (OBEO) or the date of the Certification Certificate mailed out by OBEO.

**13. Comments** - If needed, provide any additional information in this section regarding any of the above certification status changes.

**14. Contractor/Consultant Representative’s Signature** - The person completing the form on behalf of the

contractor/consultant’s firm must sign their name.

**15. Contractor/Consultant Representative’s Name** - Enter the name of the person preparing and signing the form.

**16. Phone** - Enter the area code and telephone number of the person signing the form.

**17. Date** - Enter the date the form is signed by the contractor’s preparer.

**18. Local Agency Representative’s Signature** - A Local Agency Representative must sign their name to certify

that the contracting records and on-site performance of the DBE(s) has been monitored.

**19. Local Agency Representative’s Name** - Enter the name of the Local Agency Representative signing the form.

**20. Phone** - Enter the area code and telephone number of the person signing the form.

**21. Date** - Enter the date the form is signed by the Local Agency Representative.