

Multiple Trucking Company (MTO) Request to Sublet Form

Prime Contractor Information

Prime Contractor Company Name:	Telephone Number:
State Contract or Project Number:	Fax Number:
Project Location:	Email:

Important Notices and Instructions

- 1. The prime contractor must complete this form, acquire all applicable signatures, and submit it to the project engineer (P.E.) prior to the first day of work by the multiple trucking firm (MTO).
- 2. The prime contractor must ensure that each MTO is included in MnDOT's vendor system. The search engine is located at: http://transport.dot.state.mn.us/reference/refvendor.aspx
- 3. If the MTO is not included in MnDOT's vendor system, the prime contractor must have the MTO complete and submit a trucking entity vendor form to lcusupport.dot@state.mn.us prior to the completion and submission of this form. The form is located at: http://www.dot.state.mn.us prior to the completion and submission of this form.
- 4. The prime contractor must report each MTO on a MTO Month-End Trucking Report (METR).
- 5. A MTO that is subject to the contract must submit a certified payroll report and/or a METR if hiring other trucking entities, pursuant with the **Special Provisions Division A LABOR** incorporated into the contract.
- 6. Each MTO must submit an IC-134 form to the Prime Contractor upon completion of the work.
- 7. Upon approval, the P.E. will sign the form and provide a copy to the prime contractor.

Multiple Trucking Company Information

Vendor (SWIFT) ID:
Federal Tax I.D. Number:
Minnesota Tax I.D. Number:
Email:

Is this subcontractor replacing work that was previously committed to a DBE, TGB or Veteran firm? Yes No If yes, you must contact the Office of Civil Rights at (651) 366-3073 or <u>ocrformsubmissions@state.mn.us</u> before proceeding.

Name of contractor/vendor that hired the MTO:				Vendor (SWIFT) ID Number:	
Contract Item Line Number	Contract Item Description	Estimated Quantity	Unit of Measureme	Unit nt Price	Amount
					\$ \$
					Total

CONTRACTOR'S STATEMENT OF COMPLIANCE

Print Name and Title of Prime Contractor RepresentativeSignatureDateAs a representative of the prime contractor, I certify that the information provided on this form is truthful and accurate to the best of my
knowledge. I certify that all written subcontracts, executed by the prime contractor contain at a minimum the Federal and/or State Special
Provisions Division A, federal and/or state certified prevailing wage decisions and the state certified truck rental rates. I will ensure that
all subcontractors demonstrate compliance with all contract specifications, laws and regulations, which include but are not limited to:
Minnesota Statute 16C.075 (E-Verify) and 16C.285 (Responsible Contractor). I further understand that prior written consent to sublet any
portion of the contract does not relieve the prime contractor of liabilities and obligations under the contract and bonds.

Print Name and Title of MTO Subcontractor Representative	Signature	Date
As a representative of the MTO, I certify that the information provided on	this form is truthful and accurate to the best of my known	owledge
and that the company has contracted to perform the work prescribed it	n the above-mentioned specifications/item description	s. I've
reviewed and understand all applicable contract specifications, laws and re	gulations that were provided to me by the prime contrac	tor.
Print Name and Title of Project Engineer	Signature	<u>Date</u>

As a representative of the Department, I approve the Prime Contractor's utilization of the above-mentioned trucking entity. Additionally, the Prime Contractor has complied with the terms established in MnDOT Standard Specifications for Construction, Section 1801.

All persons signing this form understand that willful falsification of this document may result in civil and/or criminal prosecution under federal and/or state law. See Minnesota Statutes 16B, 161.315 Subdivision 2, 177.43 Subdivision 5, 177.44 Subdivision 6, 609.63; or the United States Code 18 U.S.C. 1001, 31 U.S.C. 231, CFR 5.12.