

TENNESSEE DEPARTMENT OF TRANSPORTATION  
SMALL BUSINESS DEVELOPMENT PROGRAM

**CERTIFICATION REGARDING MONEY PAID TO DISADVANTAGED BUSINESS ENTERPRISES**

I, \_\_\_\_\_, certify that to the best of my knowledge, \_\_\_\_\_,  
Name of Owner or Authorized Representative Name of DBE

has been paid in full, per the amount of the contract for actual work performed on:

Contract No. \_\_\_\_\_, County \_\_\_\_\_, as of \_\_\_\_\_

I further certify that I am duly authorized to make this certification on behalf of the named contractor.

**DISADVANTAGED BUSINESS ENTERPRISE**

**AMOUNT**

Firm Name		Original DBE Subcontract \$
		Original DBE Subcontract Date
PRIME CONTRACTOR: _____		
SIGNATURE: _____		Paid to date
TITLE: _____		Est. final pmt.
DATE: _____		TOTAL

I, \_\_\_\_\_, certify that to the best of my knowledge, \_\_\_\_\_,  
Name of DBE Owner or Authorized Representative Name of Contractor

has paid the named DBE, in full, per the amount of the contract for actual work performed on:

Contract No. \_\_\_\_\_, County \_\_\_\_\_, as of \_\_\_\_\_

I further certify that I am duly authorized to make this certification on behalf of the named contractor.

**DISADVANTAGED BUSINESS ENTERPRISE**

**AMOUNT**

Firm Name		Original DBE Subcontract \$
		Original DBE Subcontract Date
SIGNATURE: _____		Paid to date
TITLE: _____		Est. final pmt.
DATE: _____		TOTAL