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|   |   | **Appendix Y - Ohio Department of Transportation - LPA Project DBE Trucking Information** |
|   |   |  |  |  |  |  |  |  |  |
| **Prime Contractor:** |  |   |   |
|   |   |   |   |   |   |   |   |   |   |
| **Project Name (CO/RT/SECT):** |   | **PID:** |
|   |   |   |   |   |   |  |  |  |  |
| **Trucking Firm Name:** |  | **Certified DBE (Yes or No)** |
|   |   |   |   |   |   |   |   |   |   |
| **Address:** |   | **County:** |
|  |  |  |  |  |  |  |  |  |  |
| **Telephone Number:** |  | **Email Address:** |
|   |   |   |   |   |   |   |   |   |   |
| **Name of Truck Owner (Owner/Operator or Company)** | **License Plate Number** | **Vin Number** | **Leased Truck (Yes/No)** | **DBE Employee Driver (Yes/No)** | **Ownership/Lease Agreement Submitted (Yes/No)** |
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