

**Exhibit 16-B SUBCONTRACTING REQUEST**

CONTRACTOR NAME				COUNTY	ROUTE		
BUSINESS ADDRESS				CONTRACT NUMBER			
CITY AND STATE			ZIP CODE	FEDERAL-AID PROJECT NUMBER			
SUBCONTRACTOR (NAME, BUSINESS ADDRESS, PHONE)	BID ITEM NUMBER (S)	PERCENTAGE OF BID ITEM SUBCONTRACTOR	CHECK IF (SEE CATEGORY BELOW)			DESCRIBE WORK WHEN LESS THAN 100% OF WORK IS SUBCONTRACTED	DOLLAR AMOUNT BASED ON THE BID AMOUNT
			1	2	3		
<b>Categories</b>		<b>1. Specialty</b>	<b>2. List Under Fair Practice Act</b>			<b>3 Certified DBE</b>	

I certify that:

- The Standard Provisions for labor set forth in the contract apply to the subcontracted work
- If applicable, Form FHWA- 1273 of the Special Provisions have been inserted in the subcontracts and should be incorporated in any lower-tier subcontract. Written contracts have been executed for the above noted subcontracted work.

Contractor Signature	Date
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This section is to be completed by the resident engineer.

1. Total of bid items			\$ _____
2. Specialty items previously approved (if applicable, see Note in the instructions)		\$ _____	
3. Specialty items this request (if applicable, see Note in the instructions)		\$ _____	
4. Total (lines 2 + 3)		\$ _____	
5. Contractor must perform with own forces (lines 1 minus 4) _____ X			\$ _____
6. Bid item previously subcontracted		\$ _____	
7. Bid item subcontractor (this request)		\$ _____	
8. Total (lines 6 + 7)		\$ _____	
9. Balance of work contractor to perform (lines 1 minus 8)			\$ _____

Approved	
RESIDENT ENGINEER'S SIGNATURE	DATE

Copy Distribution : Original-Contractor Copy- Resident Engineer Copy- OBEO- [smallbusinessadvocate@dot.ca.gov](mailto:smallbusinessadvocate@dot.ca.gov) or fax to (916) 324-1949

**INSTRUCTIONS FOR COMPLETING SUBCONTRACTING REQUEST FORM**

*All First-tier subcontractors must be included on a subcontracting request.*

Submit in accordance with Section 8-1.01 of the Standard Specifications. Type or print requested information. Information copy is to be retained by the contractor. Submit other copies to project's Resident Engineer. After approval, the original will be returned to the contractor.

When an entire item is subcontracted, the value to be shown is the contractor's bid price.

When a portion of an item is subcontracted, describe the portion, and show the % of bid item and value.

**THIS FORM IS NOT TO BE USED FOR SUBSTITUTIONS**

Prior to submittal of a DC-CEM-1201 involving a replacement subcontractor, submit a separate written request for approval to substitute a listed subcontractor. Section 4107 of the Government Code covers the conditions for substitution.

Submit a separate written request for approval of any DBE/MBE/WBE/DVBE substitution. Include appropriate backup information and state what efforts were made to accomplish the same dollar value of work by other certified DBE/MBE/WBE/DVBEs.

NOTE: For contractors who will be performing work on railroad property, it is necessary for the contractor to complete and submit the Certificate of Insurance (State Form DH-OS-A10A) naming the subcontractor as insured. *No work shall be allowed which involves encroachment on railroad property until the specified insurance has been approved.*