

**U.S. DEPARTMENT OF TRANSPORTATION  
FEDERAL HIGHWAY ADMINISTRATION  
WESTERN FEDERAL LANDS HIGHWAY DIVISION**

WFLHD Form No. 130  
6/06

**ATTN: Prime Contractor** - This form shall be completed for EACH subcontract.

Report No. \_\_\_\_\_

**Contract No:** \_\_\_\_\_ Date \_\_\_\_\_

**Project Name & No:** \_\_\_\_\_

**Prime Contractor Name:** \_\_\_\_\_

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**Subcontractor Statistics**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Subcontracted Work:** \_\_\_\_\_

Total amount sublet to the above contractor . . . . . \$ \_\_\_\_\_

Amount previously contracted (All subcontracts) . . . . . \$ \_\_\_\_\_

**Total amount sublet to date:** . . . . . \$ \_\_\_\_\_

Original Contract Amount . . . . . \$ \_\_\_\_\_

**Total Percent subcontracted** \_\_\_\_\_ %

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**Check applicable description(s) of subcontractor:**

- |   |  |
|---|--|
| <input type="checkbox"/> Small Business               | <input type="checkbox"/> Small Disadvantaged Business                  |
| <input type="checkbox"/> Women-owned Business         | <input type="checkbox"/> HUBZone Small Business                        |
| <input type="checkbox"/> Veteran-owned Small Business | <input type="checkbox"/> Service-disabled Veteran-owned Small Business |
|   | <input type="checkbox"/> None of the Above                             |

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As an authorized signatory for the prime contractor, I acknowledge and certify that all of the required contract clauses (including labor clauses) have been incorporated into and made a part of this subcontract. The amounts and percentages shown above are true and accurately stated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name & Title: \_\_\_\_\_