

Oregon Department of Transportation

FORM DMWESB
RECORD OF DMWESB PERFORMANCE

Name of Proposer: _____

Firm Name: _____

Role (check as applicable): Principal Participant Designer

Provide the information requested below for projects completed within the years 2001, 2002, and 2003 where the firm was the prime contractor or prime consultant. For any project where the DMWESB goal, if applicable, was not achieved, attach a maximum ½ page explanation.

Design Project Name	DMWESB Participation Goal (%), if applicable	DMWESB Participation Achieved (%)	Current Owner Contact (Name, Phone and Fax No.)
Construction Project Name	DMWESB Participation Goal (%), if applicable	DMWESB Participation Achieved (%)	Current Owner Contact (Name, Phone and Fax No.)

Add additional sheets if necessary.