TRANSMITTAL REQUEST FOR CONSENT TO SUBLET:

☐ **SUBCONTRACTOR**

☐ **LOWER TIER SUBCONTRACTOR**

☐ **CONSULTANT**

STATE OF NEW HAMPSHIRE
DEPT. OF TRANSPORTATION
OFFICE OF ACCESS, OPPORTUNITY AND COMPLIANCE
7 HAZEN DRIVE ROOM 140
CONCORD, NH 03302-0483
TELEPHONE (603) 271-8222
FAX (603) 271-8048
oaoc@dot.nh.gov

IS THIS COMPANY A DISADVANTAGED BUSINESS ENTERPRISE (DBE) Yes ☐ No ☐

Prime Contractor:_____
(Name and Address)

Subcontractor/MS:_____
(Name and Address)

Lower-tier Subcontractor/MS:_____
(Name and Address)

Project Name and Number:_____

All contract items sublet are to be shown in the following tabulation. Estimated or agreed dollar amounts must be shown individually in the appropriate **PARTIAL** or **COMPLETE** column.

ITEM NUMBER	DESCRIPTION OF ACTUAL WORK TO BE PERFORMED	PARTIAL	COMPLETE

TOTAL SUBCONTRACT AMOUNT: $_____

By: _____ _____
Signature and Title of Prime Contractors Agent **Date**

Signatory agrees and understands that subcontracts will contain, by physical inclusion, all the pertinent provisions of the Prime Contract. It is further agreed and understood that consent to sublet shall not under any circumstance relieve the Prime Contractor of surety of any of their obligations under the Contract or bonds as specified in the State of New Hampshire Standard Specifications for Road and Bridge Construction.

DO NOT WRITE BELOW THIS LINE

EFFECTIVE DATE:	**CONSENT BY:**
TOTAL SUBLET TO DATE: $	
PERCENT SUBLET TO DATE: %	
DBE COMMITMENT % TO DATE:	
CONSENT NUMBER:	
	for NHDOT – Office of Access, Opportunity and Compliance

cc: Prime Contractor, Contract Administrator/Consultant, OAOC