

STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION  
**SUBCONTRACTING REQUEST**  
DC-CEM-1201 (REV. 4/94) (OLD HC-45) CT# 7541-3514-7

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See Instructions  
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		<b>REQUEST NUMBER</b>					
<b>CONTRACTOR NAME</b>			<b>COUNTY</b>	<b>ROUTE</b>			
<b>BUSINESS ADDRESS</b>			<b>CONTRACT NO.</b>				
<b>CITY/STATE</b>		<b>ZIP CODE</b>	<b>FEDERAL AID PROJECT NO. (From Special Provisions)</b>				
SUBCONTRACTOR (Name, Business Address, Phone)	BID ITEM NUMBER(S)	% OF BID ITEM SUBBED	CHECK IF: (See Categories Below)			DESCRIBE WORK WHEN LESS THAN 100% OF WORK IS SUBBED	\$ AMOUNT BASED ON BID \$ AMOUNT
			(1)	(2)	(3)		

**Categories:**      1) Specialty                      2) Listed Under Fair Practices Act                      3) Certified DBE/MBE/WBE/DVBE

**I Certify That:**

- The Standard Provisions for labor set forth in the contract apply to the subcontracted work.
- If applicable, (Federal Aid Projects only) Section 14 (Federal Requirements) of the Special Provisions have been inserted in the subcontracts and shall be incorporated in any lower-tier subcontract. Written contracts have been executed for the above noted subcontracted work.

<b>CONTRACTOR'S SIGNATURE</b>	<b>DATE</b>
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**NOTE:** This section is to be completed by the Resident Engineer

1. Total of bid items .....	\$	
2. Specialty items (previously requested).....	\$	
3. Specialty items (this request) .....	\$	
4. Total (lines 2+3).....	\$	
5. Contractor must perform with own forces (lines 1 minus 4) x _____%	\$	
6. Bid items previously subcontracted .....	\$	
7. Bid items subcontracted ( this request) .....	\$	
8. Total (lines 6+7).....	\$	
9. Balance of work Contractor to perform (lines 1 minus 8).....	\$	

<b>APPROVED</b>	
<b>RESIDENT ENGINEER'S SIGNATURE</b>	<b>DATE</b>

CEM-1201 (HC-46 REV. 4/94)      COPY DISTRIBUTION:      1. Original - Contractor    2. Copy - local agency Resident Engineer  
3. Copy - local agency Labor Compliance Officer    4. Contractor's Information Copy

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## 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 *Caltrans 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 Form 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.*