

## SUBCONTRACTOR REGISTRATION REQUEST

North Dakota Department of Transportation, Construction Services  
SFN 52243 (6-2026)

Contractors who are not currently pre-qualified, certified as a DBE or registered as a subcontractor with NDDOT must submit this form prior to being approved as a subcontractor. Subcontractor registration expires on December 31 each year.

|                                                  |                                             |                |                   |
|--------------------------------------------------|---------------------------------------------|----------------|-------------------|
| Company name                                     |                                             | Owner          |                   |
| Physical Address                                 |                                             | City           | State<br>Zip Code |
| Company Telephone Number                         | Fax Number                                  | E-Mail Address |                   |
| Type of Company (Corp., Partnership, Sole Owner) | Class and Number of ND Contractor's License | Age of Firm    |                   |

### Type of Work to be Subcontracted

|                                                          |                                               |
|----------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Professional/Consulting Service | <input type="checkbox"/> Trucking             |
| <input type="checkbox"/> Grading & Drainage              | <input type="checkbox"/> Traffic Control      |
| <input type="checkbox"/> Concrete Paving                 | <input type="checkbox"/> Landscaping          |
| <input type="checkbox"/> Asphalt Paving                  | <input type="checkbox"/> Manufacture/Supplier |
| <input type="checkbox"/> Structures/Buildings            | <input type="checkbox"/> Other _____          |

### Equipment

|                                                          |
|----------------------------------------------------------|
| List Equipment (Attach additional sheets, if necessary.) |
|----------------------------------------------------------|

### Experience

|                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| List the last five projects and type of work subcontracted                                                                                                               |
| Are you or your company currently disbarred from Federal Aid Contracts? <input type="radio"/> Yes <input type="radio"/> No<br>If yes, provide details on separate sheet. |

### Acknowledgement - The undersigned declare that all statements listed above are true

|                                              |                |                                        |
|----------------------------------------------|----------------|----------------------------------------|
| Subscribed & Sworn to Before Me on This Date | (Notary Stamp) | Name of Firm                           |
| Name of Notary Public                        |                | Signature of Authorized Representative |
| Signature of Notary Public                   |                | Title of Authorized Representative     |