DOT - 202				DATE:	
Rev. 09/2025					
Project No.		PCN	County		
Type of Work	:				
Request to s	ublet work t	o:			
Firm	Name:				
Firm ID No.		E-Ma	il:		
	(Fede	ral S.S. number used on Employer's quarterly federal tax retur	n)		
Addr	ress:				
Phone:		Proposed Start Date:	Completion Date:		
item. Show p	ortions of a	be sublet when completing this form. Use contract sublet item as a partial quantity or an adjusted uni sublet. Examples: crushing, hauling, sawing and sea	t price amount, then state		
Contract Item No.	Contract Quantity	Description	Contract Unit Price	Amount	
			TOTAL:		
•		acted all potential minority subcontractors and did			
		ordance with provisions of the specifications, I cer agreement contains all the requirements and per			
		Company Address:			
Prime Contractor		Email Address:			
		Phone Number:			
Signature		Phone Number:			
Electronicall	<u>y:</u>	<u>OR</u>	Mail:		
To submit alact	ronically proce	the Submit DOT-202 button below	OPERATIONS SUPPORT		

SD DEPARTMENT OF TRANSPORTATION

700 E. BROADWAY AVE. PIERRE, SD 57501-2586