

**DISABLED VETERAN BUSINESS ENTERPRISE (DVBE)  
SUBSTITUTION REQUEST TO THE DEPARTMENT OF GENERAL SERVICES (DGS)**

CEM-2405 (NEW 11/2013)

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**GENERAL INFORMATION**

1. Awarding Department Name Department of Transportation	2. DVBE Advocate Name Rene Halverson	3. DVBE Advocate Email SmallBusinessAdvocate@dot.ca.gov	4. DVBE Advocate Phone (916) 324-0449
5. Contracting Official Name Angela Shell	6. Contracting Official Email Angela.Shell@dot.ca.gov	7. Contracting Official Phone (916) 654-3501	

**CONTRACT INFORMATION**

8. Contract Classification Public Works	9. Contract Description	10. Contract Number	11. Contract Amount	
12. Advertised Date of Contract	13. Award Date of Contract	14. Contract Start of Work Date	15. Contract Term/Working Days	16. Amount of DVBE Subcontractor Commitment
17. Prime Contractor		18. Original Listed DVBE		19. Certification Number

**SUBSTITUTION INFORMATION**

20. Date Substitution Requested	21. Date Notice Sent to DVBE	22. Date of DVBE Written Objection (if any)	23. Date of Notice of Substitution Hearing to Prime and DVBE (required for objection)	24. Date of Substitution Hearing (if applicable)
25. Reason for Substitution Choose an item				
26. Replacement DVBE or Small Business				27. Certification Number

Check all attachments

- |  |  |
|--|--|
| <input type="checkbox"/> Contractor's written request for substitution | <input type="checkbox"/> Certified DVBE Summary  |
| <input type="checkbox"/> Correspondence                                | <input type="checkbox"/> Written objection submitted by DVBE   |
| <input type="checkbox"/> Written substitution notice to DVBE           | <input type="checkbox"/> Written hearing notice to DVBE  |
| <input type="checkbox"/> DVBE subcontract agreement                    | <input type="checkbox"/> Copies of communication with area DVBE advocates<br>(For substitution with small business only) |
| <input type="checkbox"/> Other _____                                   |  |

28. Comments:

29. DVBE Advocate Signature

30. Date

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**Instructions**

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Complete the form and submit the original to Headquarters Division of Construction, labor compliance program manager. Include copies of all applicable attachments. Submit a copy to the district labor compliance manager.

**GENERAL INFORMATION**

**Boxes 1 – 7 contain fixed information and may not be altered.**

**CONTRACT INFORMATION**

**8. Contract Classification**

This box is fixed with the text "Public Works" and may not be altered.

**9. Contract Description**

Provide a description of the contract work. For example - HMA overlay, construction of bridges in two locations, etc.

**10. Contract Number**

Provide the contract number assigned to the awarded contract.

**11. Contract Amount**

Provide the dollar value of the awarded contract.

**12. Advertised Date of Contract**

Provide the date the contract was released to the public.

**13. Award Date of Contract**

Provide the date the contract was awarded.

**14. Contract Start of Work Date**

Provide the date work started on the contract.

**15. Contract Term/Working Days**

Provide the total number of working days of the contract.

**16. Amount of DVBE Subcontractor Commitment**

Provide the dollar amount for the listed DVBE commitment as approved at award of the contract. This information is found on the Certified DVBE Summary.

**17. Prime Contractor**

Provide the name of the prime contractor.

**18. Original Listed DVBE**

Provide the name of the original listed DVBE who is the subject of the substitution request.

**19. Certification Number**

Provide the certification number of the original listed DVBE.

**SUBSTITUTION INFORMATION**

**20. Date Substitution Requested**

Provide the date the prime contractor requested the substitution of the original listed DVBE.

**21. Date Notice Sent to DVBE**

Provide the date the notice of the substitution request was sent to the original listed DVBE.

**22. Date of DVBE Written Objections (if any)**

Provide the date the DVBE submitted written objections and a request for a hearing, if any.

**23. Date of Notice of Substitution Hearing to Prime and DVBE (required for objection)**

Provide the date the notice of the scheduled substitution hearing was sent to the prime contractor and DVBE, if applicable.

**24. Date of Substitution Hearing (if applicable)**

Provide the date the substitution hearing was held, if applicable.

**25. Reason for Substitution**

Use the drop down box to choose the number that applies for this substitution request. The drop down contains only those reasons provided in 2 CCR section 1896.73 (d). No other reasons may be used.

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**26. Replacement DVBE or Small Business**

Provide the name of the replacement DVBE or small business entity, if applicable.

**27. Certification Number**

Provide the certification number of the replacement DVBE or small business entity, if applicable.

**28. Comments**

Provide any comments related to the substitution request.

**29. DVBE Advocate Signature**

Headquarters Division of Construction will acquire the Caltrans DVBE advocate signature.

**30. Date**

Headquarters Division of Construction will provide the date of the Caltrans DVBE advocate signature.

**ATTACHMENTS**

Check all applicable attachments related to the substitution request.