OSC Use Only:
Reporting Code:
Category Code:
Date Contract Approved:

CDL FORM A

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term

3900283

State Agency Name: **NYSDOT** Agency Code: **17000**

Contractor Name: **Atlantic Testing Laboratories, Limited** Contract Number: **C031366**

Contract Start Date: ~~**01/01/2015**~~ 06/01/15 Contract End Date: ~~**12/31/2017**~~ 05/31/18

O*NET Employment Category Number and Job Title	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
17.3022.00 Civil Engineering Technicians	**18**	**20,000**	**$1,226,780.16**
Total this page	**18**	**20,000**	**$1,226,780.16**
Grand Total	**18**	**20,000**	**$1,226,780.16**

Name of person who prepared this report: **James J. Kuhn, PE**

Title: **President** Phone #: **518-383-9144**

Preparer's Signature:

Date Prepared: **November 13, 2014**

(Use additional pages, if necessary)