

Important Please Read!

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Simply fill out this PDF fill-in form and submit it by clicking the submit button at the top of the form.

If you desire you may also fill the form out, manually or electronically, print it and mail it to:

Montana Department of Transportation

Civil Rights Bureau

2701 Prospect Ave

PO BOX 201001

Helena, MT 59620-1001

Thank you

FORM FHWA 1391 - FEDERAL-AID HIGHWAY CONSTRUCTION CONTRACTORS ANNUAL EEO REPORT

1. MARK APPROPRIATE BLOCK Contractor Subcontractor	2. COMPANY NAME, CITY, STATE:	3. NUMBER OF PROJECTS:	4. TOTAL DOLLAR VALUE OF CONTRACTS:	5. CONSTRUCTION TYPE:
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This collection of information is required by law and regulation 23 U.S.C. 140a and 23 CFR Part 230. The OMB control number for this collection is 2125-0019 expiring in March, 2013.

6. WORKFORCE ON FEDERAL-AID AND CONSTRUCTION SITE(S) DURING LAST FULL PAY PERIOD ENDING IN JULY 2012.

JOB CATEGORIES	TABLE A																		TABLE B			
	TOTAL EMPLOYED		TOTAL RACIAL/ ETHNIC MINORITY		BLACK or AFRICAN AMERICAN		HISPANIC OR LATINO		AMERICAN INDIAN OR ALASKA NATIVE		ASIAN		NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER		TWO OR MORE RACES		WHITE		APPRENTICES		ON THE JOB TRAINEES	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
PROFESSIONALS (ENGINEERS, SURVEYORS)																						
OFFICIALS																						
SUPERVISORS																						
FOREMEN/WOMEN																						
CLERICAL																						
EQUIPMENT OPERATORS																						
MECHANICS																						
TRUCK DRIVERS																						
IRONWORKERS																						
CARPENTERS																						
CEMENT MASONS																						
ELECTRICIANS																						
PIPEFITTER/PLUMBERS																						
PAINTERS																						
LABORERS-SEMI SKILLED																						
LABORERS-UNSKILLED																						
TOTAL																						

TABLE C (Table B data by racial status)

APPRENTICES																						
OJT TRAINEES																						

8. PREPARED BY: (Signature and Title of Contractors Representative)	9. DATE	10. REVIEWED BY: (Signature and Title of State Highway Official)	11. DATE
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