

STOP PAYMENT NOTICE

DOT DSB-0003 (REV 03/2025)

DO NOT USE THIS SPACE

TO: DIRECTOR, DEPARTMENT OF TRANSPORTATION
 C/O DIVISION OF ACCOUNTING
 P. O. BOX 168043, Suite PETS,
 Sacramento, CA. 95816-8043
 E-mail: stop.notice.occp@dot.ca.gov

CLAIM NUMBER _____

FILED _____

CONTRACT NUMBER _____

NAME (*Claimant, print clearly*) _____BUSINESS ADDRESS (*Street or P.O. Box*) _____

CITY _____

STATE _____

ZIP CODE _____

AGAINST (*Party who directly ordered your labor, services, equipment or materials*) _____

AMOUNT CLAIMED

\$ _____

NOTICE IS HEREBY GIVEN, That the above named claimant hereby presents a verified statement of claim under and by virtue
 of the provisions of Section 9100 of the California Civil Code and a contract between the State of California and

Contract No. _____

(Name of prime contractor)

for the construction of a section of state highway in _____ County

District _____, District _____, or for the construction of _____

(Give location and general description of building, or improvements or repairs there to, etc.) for*(General description of the labor, services, equipment, and/or materials performed or furnished)***IMPORTANT. PLEASE READ**a. Do you have a direct contractual relationship with the direct contractor? ☐ YES ☐ NOb. Is the claim for ACTUAL LABOR for wages owing claimant? ☐ YES ☐ NO**If the answer to both questions above is NO, please complete the following:**

a. On what date did you first furnish labor, services, equipment, and/or materials?

b. Within 20 days of that date, did you serve a preliminary notice under Civil Code Section 8034, 9300-9306

1. On the direct contractor? ☐ YES ☐ NO2. On the Department of Transportation? ☐ YES ☐ NO**PLEASE NOTE: Other side of form must be completed.****ADA Notice**

This document is available in alternative accessible formats. For more information, please contact the Forms Management Unit at (279) 234-2284, TTY 711, in writing at Forms Management Unit, 1120 N Street, MS-89, Sacramento, CA 95814, or by email at Forms.Management.Unit@dot.ca.gov.

STOP PAYMENT NOTICE

DOT DSB-0003 (REV 03/2025)

That the total value of labor, services, equipment, and/or materials agreed to be performed or furnished by claimant is _____ \$ _____

That the value of labor, services, equipment, and/or materials so performed or furnished as of the date of this notice is _____ \$ _____

That such claim has not been paid, except that there has been paid thereon the sum of _____ \$ _____

That there remains unpaid which is due this claimant and unpaid _____ \$ _____

VERIFICATION

I agree that by providing my electronic signature for this form, I agree to conduct business transactions by electronic means and that my electronic signature is the legal binding equivalent to my handwritten signature. I hereby agree that my electronic signature represents my execution or authentication of this form, and my intent to be bound by it.

I, the undersigned, say that I am the person named as claimant or representative in the foregoing claim; that I have read the same and know the contents thereof; that the same is true; and that it contains, among other things, a correct statement of my demand. I declare under penalty of perjury that the foregoing is true and correct.

Executed on this _____ day of _____, _____ at _____ (City), State of California.

SIGNATURE (Claimant or Representative)

NAME OF FIRM

BUSINESS ADDRESS (Street or P.O. Box)

CITY	STATE	ZIP CODE	BUSINESS PHONE ()
------	-------	----------	--------------------------