FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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l	hours per response:	0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Addre	ess of Reporting Per	son*	2. Date of Event Requiring Statement (Month/Day/Year) 05/24/2006	3. Issuer Name and Ticker or Trading Symbol QUANTA SERVICES INC [PWR]					
(Last)	Last) (First) (Middle)			Relationship of Reporting Person(s) to Issuer (Check all applicable)		s) to Issuer	5. If Amendment, Date of Original Filed (Month/Day/Year)		
1360 POST OAK BOULEVARD, SUITE 2100				X	Director Officer (give title below)	10% Owner Other (specify below)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
(Street) HOUSTON	TX	77056				,		Form filed by One Reporting Person Person	
(City)	(State)	(Zip)							

Table I - Non-Derivative Securities Beneficially Owned

·· · · · · · · · · · · · · · · · · ·	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or	4. Nature of Indirect Beneficial Ownership (Instr. 5)
		Indirect (I) (Instr. 5)	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Un Derivative Security (Instr. 4)	Conversion or Exercise	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Indirect (I) (Instr. 5)	

Explanation of Responses:

No securities are beneficially owned.

05/25/2006 Ralph R. DiSibio

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).