

MISSOURI REGIONAL CERTIFICATION COMMITTEE

NOTICE OF DBE VOLUNTARY WITHDRAWAL

SECTION 1: DISADVANTAGE	D OV	VNER(S) INFORMATION				
FIRST NAME	MI	LAST NAME	PHONE	EMAIL ADDRE	SS	
1						
2						
3						
4						
SECTION 2: FIRM INFORMATION						
FIRM NAME	MAILING ADDRESS (street)			STATE	ZIP	
			CITY			
SECTION 3: VOLUNTARY WITHDRAWAL STATEMENT						
After careful consideration, I, the undersigned disadvantaged business enterprise (DBE) owner or						
authorized designee, have elected not to apply or continue the firm's participation as a DBE at this						
time. This notice serves to inform the of this decision.						
Mark the explanation that best describes your reason for voluntarily withdrawing the firm from the						
DBE program:						
Personal Net Worth exceeds \$1.32 million			No benefit in being certified MRCC, DBE			
Change of firm's ownership			Not interested in continuing participation in the			
Sale of business			DBE program Other (Provide brief explanation in comments section below)			
Business dissolved Other (Provide brief explanation in comments section below					ection below)	
Comments: (Text limited for accurate printing.)						
SECTION 4: SIGNATURES						
DBE APPLICANT (Print Name)		DBE APPLICANT SIGNATURI		DATE		
State of:						
I certify that this is a true a			•	ssession of		
Acknowledged before me Day of , 20						
Your name: Notary Public:						
My commission expires:						
Return completed form to:						
Whoever knowingly makes false statments or false representation as to a material fact in any statement, certificate, or						
report submitted pursuant to the provisions of the Federal-Aid road Act approved July 11, 1916 (389. 355) as						
amended and supplemented, shall be fined under this title or imprisoned not more than five years or both.						