



MISSOURI REGIONAL CERTIFICATION COMMITTEE

NOTICE OF VOLUNTARY WITHDRAWAL

SECTION 1: DISADVANTAGED OWNER(S) INFORMATION												
FIRST NAME	MI	LAST NAME	PHONE	EMAIL ADDRESS								
1												
2												
3												
4												
SECTION 2: FIRM INFORMATION												
FIRM NAME	MAILING ADDRESS (street)		CITY	STATE	ZIP							
SECTION 3: VOLUNTARY WITHDRAWAL STATEMENT												
<p><i>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 <b>Missouri Department of Transportation</b> of this decision.</i></p> <p>Mark the explanation that best describes your reason for voluntarily withdrawing the firm from the DBE/ACDBE program:</p> <table border="0"> <tr> <td><input type="checkbox"/> Personal Net Worth exceeds statutory cap</td> <td><input type="checkbox"/> No benefit in being certified MRCC, DBE/ACDBE</td> </tr> <tr> <td><input type="checkbox"/> Change of firm's ownership</td> <td><input type="checkbox"/> Not interested in continuing participation in the DBE/ACDBE program</td> </tr> <tr> <td><input type="checkbox"/> Sale of business</td> <td><input type="checkbox"/> Other (Provide brief explanation in comments section below)</td> </tr> <tr> <td><input type="checkbox"/> Business dissolved</td> <td></td> </tr> </table>					<input type="checkbox"/> Personal Net Worth exceeds statutory cap	<input type="checkbox"/> No benefit in being certified MRCC, DBE/ACDBE	<input type="checkbox"/> Change of firm's ownership	<input type="checkbox"/> Not interested in continuing participation in the DBE/ACDBE program	<input type="checkbox"/> Sale of business	<input type="checkbox"/> Other (Provide brief explanation in comments section below)	<input type="checkbox"/> Business dissolved	
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<input type="checkbox"/> Sale of business	<input type="checkbox"/> Other (Provide brief explanation in comments section below)											
<input type="checkbox"/> Business dissolved												
<p><b>Comments:</b> (Text limited for accurate printing.)</p>												
SECTION 4: SIGNATURES												
DBE APPLICANT (Print Name)	DBE APPLICANT SIGNATURE		DATE									