



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 _____ 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 style="width:100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <input type="checkbox"/> Personal Net Worth exceeds \$1.32 million <input type="checkbox"/> Change of firm's ownership <input type="checkbox"/> Sale of business <input type="checkbox"/> Business dissolved </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <input type="checkbox"/> No benefit in being certified MRCC, DBE/ACDBE <input type="checkbox"/> Not interested in continuing participation in the DBE/ACDBE program <input type="checkbox"/> Other <i>(Provide brief explanation in comments section below)</i> </td> </tr> </table>					<ul style="list-style-type: none"> <input type="checkbox"/> Personal Net Worth exceeds \$1.32 million <input type="checkbox"/> Change of firm's ownership <input type="checkbox"/> Sale of business <input type="checkbox"/> Business dissolved 	<ul style="list-style-type: none"> <input type="checkbox"/> No benefit in being certified MRCC, DBE/ACDBE <input type="checkbox"/> Not interested in continuing participation in the DBE/ACDBE program <input type="checkbox"/> Other <i>(Provide brief explanation in comments section below)</i>
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<p>Comments: <i>(Text limited for accurate printing.)</i></p> 						
SECTION 4: SIGNATURES						
DBE APPLICANT (Print Name)	DBE APPLICANT SIGNATURE	DATE				
<p>State of: _____</p> <p>I certify that this is a true and correct copy of a document in the possession of _____</p> <p>Acknowledged before me _____ Day of _____, 20_____</p> <p>Your name: _____ Notary Public: _____</p> <p>My commission expires: _____</p>						
<p>Return completed form to:</p> 						
<p>Whoever knowingly makes false statements 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.</p>						