

## MISSOURI REGIONAL CERTIFICATION COMMITTEE

## NOTICE OF VOLUNTARY WITHDRAWAL

| SECTION 1: DISADVANTAGE                                                                                                                                                                                                              | ED OV                               | VNER(S) INFORMATIO      | N                                                                      |                                            |       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------|------------------------------------------------------------------------|--------------------------------------------|-------|--|
| FIRST NAME                                                                                                                                                                                                                           | MI                                  | LAST NAME               | PHONE                                                                  | EMAIL ADD                                  | RESS  |  |
| 1                                                                                                                                                                                                                                    |                                     |                         |                                                                        |                                            |       |  |
| 2                                                                                                                                                                                                                                    |                                     |                         |                                                                        |                                            |       |  |
| 3                                                                                                                                                                                                                                    |                                     |                         |                                                                        |                                            |       |  |
| 4                                                                                                                                                                                                                                    |                                     |                         |                                                                        |                                            |       |  |
| SECTION 2: FIRM INFORMATION                                                                                                                                                                                                          |                                     |                         |                                                                        |                                            |       |  |
| FIRM NAME                                                                                                                                                                                                                            | MAILING ADDRESS (street) CITY STATE |                         |                                                                        | ZIP                                        |       |  |
|                                                                                                                                                                                                                                      |                                     |                         |                                                                        |                                            |       |  |
| 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/ACDBE program:                                                                                                                                                                                                                   |                                     |                         |                                                                        |                                            |       |  |
| DDE/ACDDE program.                                                                                                                                                                                                                   |                                     |                         |                                                                        |                                            |       |  |
|                                                                                                                                                                                                                                      |                                     |                         |                                                                        |                                            |       |  |
|                                                                                                                                                                                                                                      |                                     |                         |                                                                        | benefit in being certified MRCC, DBE/ACDBE |       |  |
| Change of firm's ownership                                                                                                                                                                                                           |                                     |                         | Not interested in continuing participation in the<br>DBE/ACDBE program |                                            |       |  |
| Sale of business                                                                                                                                                                                                                     |                                     |                         | Other (Provide brief explanation in comments section below)            |                                            |       |  |
| Business dissolved Other (Provide brief explanation in comments section below)                                                                                                                                                       |                                     |                         |                                                                        |                                            |       |  |
|                                                                                                                                                                                                                                      |                                     |                         |                                                                        |                                            |       |  |
|                                                                                                                                                                                                                                      |                                     |                         |                                                                        |                                            |       |  |
| Comments: (Text limited for accurate printing.)                                                                                                                                                                                      |                                     |                         |                                                                        |                                            |       |  |
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|                                                                                                                                                                                                                                      |                                     |                         |                                                                        |                                            |       |  |
| SECTION 4: SIGNATURES                                                                                                                                                                                                                |                                     |                         |                                                                        |                                            |       |  |
| DBE APPLICANT (Print Name)                                                                                                                                                                                                           |                                     | DBE APPLICANT SIGNATURE |                                                                        | DATE                                       |       |  |
|                                                                                                                                                                                                                                      |                                     |                         |                                                                        |                                            |       |  |
|                                                                                                                                                                                                                                      |                                     |                         |                                                                        |                                            |       |  |
| State of:                                                                                                                                                                                                                            |                                     |                         |                                                                        |                                            |       |  |
| I certify that this is a true a                                                                                                                                                                                                      | nd co                               | rrect copy of a docum   | ent in the po                                                          | ssession of                                |       |  |
| Acknowledged before me Day of , 20                                                                                                                                                                                                   |                                     |                         |                                                                        |                                            |       |  |
|                                                                                                                                                                                                                                      |                                     |                         |                                                                        |                                            |       |  |
| Your name: Notary Public:                                                                                                                                                                                                            |                                     |                         |                                                                        |                                            |       |  |
| My commission expires:                                                                                                                                                                                                               |                                     |                         |                                                                        |                                            |       |  |
| Return completed form to:                                                                                                                                                                                                            |                                     |                         |                                                                        |                                            |       |  |
| Return completed form to:                                                                                                                                                                                                            |                                     |                         |                                                                        |                                            |       |  |
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|                                                                                                                                                                                                                                      |                                     |                         |                                                                        |                                            |       |  |
| 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.                                                                                                                            |                                     |                         |                                                                        |                                            |       |  |
| amenueu anu supplementeu, sha                                                                                                                                                                                                        | an ne l                             |                         |                                                                        | iore triair rive years of                  | DUTI. |  |
|                                                                                                                                                                                                                                      |                                     |                         |                                                                        |                                            |       |  |