



## 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

*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 Kentucky Transportation Cabinet (KYTC) DBE program office of this decision.*

**Mark the explanation that best describes your reason for voluntarily withdrawing the firm from the DBE/ACDBE program:**

- |  |   |
|--|---|
| <input type="checkbox"/> Personal Net Worth exceeds \$1.32 million | <input type="checkbox"/> No benefit in being a certified KYTC DBE/ACDBE program                   |
| <input type="checkbox"/> Change of firm's ownership                | <input type="checkbox"/> Not interested in continuing participation in the KYTC 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                        |   |

**Comments:** (Text limited for accurate printing.)

### SECTION 4: SIGNATURES

|                                   |                                |             |
|-----------------------------------|--------------------------------|-------------|
| <b>DBE APPLICANT</b> (Print name) | <b>DBE APPLICANT SIGNATURE</b> | <b>DATE</b> |
|                                   |                                |             |
| <b>WITNESS</b> (Print name)       | <b>WITNESS SIGNATURE</b>       | <b>DATE</b> |
|                                   |                                |             |
| <b>WITNESS</b> (Print name)       | <b>WITNESS SIGNATURE</b>       | <b>DATE</b> |
|                                   |                                |             |

**Return completed form to:** KYTC Office for Civil Rights and Small Business Development, 200 Mero Street, Frankfort, KY 40602. DBE applicant and two witness signatures are required.

*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 (39 Stat. 355), as amended and supplemented, shall be fined under this title or imprisoned not more than five years or both.*