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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:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | Personal Net Worth exceeds $1.32 million | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | No benefit in being a certified KYTC DBE/ACDBE program | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Change of firm’s ownership | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Not interested in continuing participation in the KYTC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Sale of business | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | DBE/ACDBE program | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Business dissolved | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Other *(Provide brief explanation in comments section below.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | **Comments:** *(Text limited for accurate printing.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **SECTION 4: SIGNATURES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **DBE APPLICANT** *(Print name)* | | | | | | | | | | | | | | | | | | | | | | | | | | | **DBE APPLICANT SIGNATURE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **DATE** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | **WITNESS** *(Print name)* | | | | | | | | | | | | | | | | | | | | | | | | | | | **WITNESS SIGNATURE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **DATE** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | **WITNESS** *(Print name)* | | | | | | | | | | | | | | | | | | | | | | | | | | | **WITNESS SIGNATURE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **DATE** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | **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.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |  | | |  |  | | |  |  | | |  | |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  | |  |  | |  | |  | |  | |  | |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | |  | |  | |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  | |  |  | |  | |  | |  | |  | |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | |  | |  | |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  | |  |  | |  | |  | |  | |  | |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | |  | |  | |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  | |  |  | |  | |  | |  | |  | |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | |  | |  | |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  | |  |  | |  | |  | |  | |  | |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | |  | |  | |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  | |  |  | |  | |  | |  | |  | |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | |  | |  | |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  | |  |  | |  | |  | |  | |  | |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | |  | |  | |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  | |  |  | |  | |  | |  | |  | |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | |  | |  | |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  | |  |  | |  | |  | |  | |  | |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | |  | |  | |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  | |  |  | |  | |  | |  | |  | |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | |  | |