

## MISSOURI REGIONAL CERTIFICATION COMMITTEE

## NOTICE OF VOLUNTARY WITHDRAWAL

SECTION 1: DISADVANTAG	GED OV	VNER(S) INFORMATIO	ON		
FIRST NAME	MI	LAST NAME	PHONE	EMAIL ADD	RESS
1					
2					
3					
4					
SECTION 2: FIRM INFORM	ATION				
FIRM NAME	MA	ILING ADDRESS (street	) CITY	STATE	ZIP
				0	
SECTION 3: VOLUNTARY V	VITHDI	RAWAL STATEMENT			
After careful consideratior	, I, the	undersigned disadva	ntaged busine	ss enterprise (DBE)	owner or
authorized designee, have		•			
time. This notice serves to			, , , , , , , , , , , , , , , , , , ,	of this decision.	
				-,	
Mark the explanation that	hect d	escribes your reason	for voluntarily	withdrawing the f	irm from the
DBE/ACDBE program:	best u	escribes your reason		withdrawing the i	
DBE/ACDBE program.					
		_			/
Personal Net Worth exceeds \$1.32 million No benefit in being certified MRCC, DBE/ACDBE					
Change of firm's ownership Not interested in continuing participation in the					
Sale of businessDBE/ACDBE programBusiness dissolvedOther (Provide brief explanation in comments section below)					
Business dissolved			Other (Provide br	ief explanation in comme	nts section below)
Exceeds SBA size stand	dard for	NAICS code	,	,,,	
Comments: (Text limited for of SECTION 4: SIGNATURES					
				DATE	
DBE APPLICANT (Print Name)		DBE APPLICANT SIGNATURE			
State of:	<u> </u>				
I certify that this is a true				ssession of	
Acknowledged before me		_ Day of , 20			
Your name:					
My commission expires: _					
Return completed form to:					
Whoever knowingly makes fals		-		•	
report submitted pursuant to t	•				
amended and supplemented, s	nali be t	ined under this title or in	nprisonea not m	iore than rive years of	nuun.