

## NOTICE OF VOLUNTARY REMOVAL FROM THE VIDPW DISADVANTAGED BUSINESS ENTERPRISE (DBE) PROGRAM

Name of the Comp	any:				
Address:					
City, State, Zip coo	le:				
Phone Number & E	mail:				
or continue the firm's Department of Public I understand that the Regulations, Section	s participation Works Unifie firm is subjec 26.87, unless	as a DBE at this time ed Certification Progre t to decertification pro the reason for this d	<ul> <li>This notice am, of this c</li> <li>ceedings p</li> <li>cision is be</li> </ul>	e serv decisio oursuc ecaus	designee, have elected not to apply es to inform the Virgin Islands on. ant to Title 49, Code of Federal e the disadvantaged individual's
Personal Net worth (	(PNW) exceed	ls the threshold of \$1	.32 million.		
Please mark which e program:	explanation be	st describes the reasc	on(s) for volu	untaril	ly removing the firm from the DBE
Personal Net Worth Exceeds 1.32 million					Change in Ownership
Sale of Business			[		No benefit in being certified as a VIDPW DBE
Not interested in continuing participation in VIDPW DBE program					Other:
The reasons stated:					
_					
_					
_					
Authorization:	(F	rint Name & Title)			
	·	·			
_	S	ignature			 Date