

Disadvantaged Business Enterprise (DBE) Program DBE Identification Change Form

Substitution
 Additional DBE (Complete Section B Only)
 Line Change(s)

Project #:	County:	Contract Value:
Request Date:		Prime Contractor:
Reason for requested change:		

SECTION A (If terminating original DBE firm – must complete a termination form and Section B of this form)

List Previous Approved DBE:		
Bid Item	Work Description	Committed Dollar Amount
Total \$		

SECTION B

List Proposed/Additional DBE:		
Bid Item	Work Description	Committed Dollar Amount
Total \$		

Copy of proposed/additional DBE quote and any executed subcontract or purchase order must be submitted with this form.

Contractor Signature:	Date:	External Civil Rights Signature:	Date:
------------------------------	--------------	---	--------------

<input type="checkbox"/> Approved	
<input type="checkbox"/> Rejected	Reason: