Oklahoma Department of Transportation

CHANGE: FROM/TO (fill in both sides)

Supplier (60%)

Notification Change of DBE Participant DBE FORM 4



Prime Contractor:

Division:

Name:

Address:

Phone No:

Contractor

The DBE is a (Check One):

Change in service to be performed:

Change in DBE Participation Amount:

Explain Reason for Changing:

☐ Subcontractor

City:

Civil Rights Division 200 N.E. 21st Street, Room 1-C5 Oklahoma City, OK 73105 Phone: (405) 521-6046

Phone: (405) 521-6046 Fax: (405) 522-2136

Zip Code:

5		Current Date:
	Project No:	current bate.
		Piece Number:
	Coun	
es)	OR	ADD: TO (fill in this side only)
	Name:	
	Address:	
	City:	Zip Code:
Phone No:		
☐ Trucking Firm ☐ Manufacturer ☐ Professional		

NOTE: Attach a copy of the letter by the original DBE stating reason for inability to perform work.

Assistant Division Manager, Civil Rights Division

Construction Engineer

Date

Position

☐ Approved ☐ Disapproved

DISTRIBUTION: Title VI Coordinator, Civil Rights Division
Assistant Division Manager, Civil Rights Division
Construction Division

Approved Disapproved