

INDIANA DEPARTMENT OF TRANSPORTATION

100 North Senate Avenue Room N758-EIS Indianapolis, Indiana 46204 PHONE: (855) 463-6848

Mike Braun, Governor Kent Abernathy, Commissioner

CHANGE IN DBE UTILIZATION NOTIFICATION INDOT Contract: _____

	e has been a reduction or elimination of items on the above esult, the commitment made to your firm on the Affirmative	Action Certification will be
educed accordingly. Per federal regulation	on, we are required to notify you of this reduction and inform	
ousiness days to respond to this notice w	vith or without objection.	
Reason for Reduction/Elimination:		
(Name of Prime Contractor)	(Signature of Authorized Representative)	(Date)
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Please indicate vour response by sele	cting one of the following two options:	
Please indicate your response by selection	cting one of the following two options:	
I do not object to the reduction		
I do not object to the reduction		
I do not object to the reduction		
I do not object to the reduction		
I do not object to the reduction		
I do not object to the reduction		(Date)
I do not object to the reduction I do object to the reduction for the fo	illowing reason(s):	(Date)
I do not object to the reduction I do object to the reduction for the fo	illowing reason(s):	(Date)
I do not object to the reduction I do object to the reduction for the fo	(Signature of Authorized Representative)	(Date)
I do not object to the reduction I do object to the reduction for the fo	(Signature of Authorized Representative)	(Date)
I do not object to the reduction I do object to the reduction for the fo	(Signature of Authorized Representative)	(Date)
I do not object to the reduction I do object to the reduction for the fo	(Signature of Authorized Representative)	(Date)
I do not object to the reduction I do object to the reduction for the fo	(Signature of Authorized Representative)	(Date)



Prime Contractor:		
Contact Name:		
Address:		
Phone Number:		
E-mail Address:		
DBE Subcontractor:		
Contact Name:		
E-mail Address:		
Additional required information to be com	pleted by the CCO Officer	
Contract Letting Date: Contract Completion Date: Contract DBE Goal:	0%	
Dollar amount to be affected by this cha	ange:	
If the dollar amount is unknown, please	e write "unknown", otherwise be specific	with the amount.
CCO Verification (For INDOT Use Only):		
(Name of INDOT CCO Officer for Construction) (Name of INDOT Contracts Staff for RFP)	(Signature of INDOT CCO Officer) (Signature of INDOT Contracts Staff)	(Date)

Ensure that all of the boxes have been filled out, and signed by the Prime Contractor, DBE Subcontractor, and the District CCO Officer or INDOT Contracts Staff for an RFP.

Please send the completed Change in DBE Utilization Notification form to <u>DBEChange@indot.in.gov</u>