Charlotte Area Transit System

Notification Change of Disadvantaged Business Enterprise (DBE) Participant

Prime Contractor Name: _____

Contract Number: _____

New DBE Participant

Name: _____

Address: _____

_____

Phone: _____

Previous DBE Participant

(Complete only if changing DBE participants)

Name: _____

Address: _____

_____

Phone: _____

New DBE is a (check one)

Subcontractor ☐ Manufacturer ☐

Supplier (60%) ☐ Professional ☐

Trucking Firm ☐

Service to be performed: _____

_____

_____

Change in DBE participation amount: _____

Explain reason for changing: _____

_____

_____

_____

Note: Please attach a copy of the letter informing the original DBE sub-contractor of the intent to terminate. The original DBE sub-contractor must be given (5) five days to respond to the intent to terminate letter.

Signature: _____ Date: _____

Prime Contractor

Signature: _____ Date: _____

CATS Civil Rights Officer