

Small Business Participation Plan (SBPP) Termination Request

The undersigned acknowledges that they are authorized to submit this request as a representative of the stated prime contractor.

Requestor Signature:

Date:

For MSCAA Use Only

Notice of Intent provided to SBE: ☐ Yes (date sent _____) ☐ No (must be sent to SBE 5 days prior to Request)

All required documentation submitted with Request: ☐ Yes ☐ No (all documents must be submitted for review)

Request Approved: ☐ Yes ☐ No

Reason:

DBELO Signature:

Date: