



**DBE MBE WBE REPLACEMENT REQUEST FORM**

The North Carolina Department of Transportation (NCDOT) is committed to the participation of Disadvantaged, Minority and Woman Business Enterprises (DBE/MBE/WBE), in contracting opportunities in accordance with 49 Code of Federal Regulations (CFR).

In accordance with the Special Provisions, the Contractor shall not terminate a committed DBE/MBE/WBE subcontractor for convenience or perform the work with its own forces or those of an affiliate. Reasonable methods to resolve performance disputes must be applied. The contractor shall follow the attached Instructions for Submittal of Replacement. Replacement of a DBE/MBE/WBE without written approval from NCDOT is a violation of contract provisions and may result in the Contractor being disqualified from bidding for a period of up to 6 months.

**Contract Number:** \_\_\_\_\_

**DBE/MBE/WBE being replaced:** \_\_\_\_\_

**Explanation for Replacement:** \_\_\_\_\_  
\_\_\_\_\_

**Subcontract Amount:** \_\_\_\_\_

**Amount of Subcontract Remaining:** \_\_\_\_\_

**Line Items:** \_\_\_\_\_

If a committed DBE/MBE/WBE subcontractor is terminated for good cause as specified in the Special Provisions the Contractor will make a good faith effort to find another DBE/MBE/WBE subcontractor to substitute for the terminated DBE/MBE/WBE. These good faith efforts shall be directed at finding another DBE/MBE/WBE to perform at least the same amount of work under the contract as DBE/MBE/WBE that was terminated, to the extent needed to meet the contract goal established for the project

**Replacement DBE/MBE/WBE:** \_\_\_\_\_

**Amount of Subcontract:** \_\_\_\_\_

**Line Items:** \_\_\_\_\_

**Committed DBE/MBE/WBE Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

By signing this document, the Contractor, DBE/MBE/WBE and the NCDOT Contract Administrator acknowledges that the 5 days to respond was given, and concurs with the process of replacing the named DBE/MBE/WBE subcontractor.

\_\_\_\_\_  
**Original DBE/MBE/WBE Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
**Prime Contractor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
**NCDOT Contract Administrator** \_\_\_\_\_ **Date** \_\_\_\_\_

**Upon Completion Send to: State Contractor Utilization Engineer  
State Construction Engineer**