OKLAHOMA Transportation Disadvantaged Business Enterprise (DBE) FORM 4 Substitution/Termination Request Form 405-521-3186

If the prime contractor seeks to terminate a DBE subcontractor on a federal-aid project, they must notify the DBE subcontractor in writing the intent to terminate and the reason. The request must give the DBE 5 calendar days to respond to the notice and provide any reasons, if any, why it objects to the proposed termination and why the prime contractor's request to terminate should not be approved. If required in a particular case as a matter of public necessity (e.g., safety), the prime contractor may provide a response period shorter than five days. For additional information see the following link: (https://oklahoma.gov/odot/business-center/contract-compliance/dbe/termination-replacement.html)

Prime Contractor:		Current Date:	
Project No:	Job Piece:	Division:	
Contract ID:	County:		
Previous Approved Subcontractor:			

Bid Item	Work Description	Dollar Amount Completed	Remaining Dollar Amount

Proposed Subcontractor:

Subcontractor	Supplier (60%)	Manufacturer	Trucking Firm			
Bid Item		Work Description		Dollar Amount		
Will termination res	ult in a goal shortfall? 🛛 No	Yes If so, how much?				
Reason(s) for substit	ution/termination?					
The listed DBE is	The listed DBE is no longer in business The listed DBE requested removal					
The listed DBE factors	ailed or refused to perform the cont	tract or furnish the materials.				
The work perfor	med by the listed DBE was unsatisf	actory and was not in accordance w	ith the plans and specificat	ions		
Other documented good cause. (Good cause does not exist if the prime contractor seeks to terminate a DBE it relied upon to obtain the contract so that the prime contractor can self-perform the work for which the DBE contractor was engaged or so that the prime contractor can substitute another DBE or non-DBE contractor after contract award.)						
Note: Attach a copy of the prime's Intent to terminate/replace letter, supporting documentation and the DBE's response (if provided to the prime).						
Contractor's Signatu	ure:		Date:			
Division Manager, Contract Compliance State Cor		uction Engineer, ODOT				
Date		Date				

Approved Disapproved