



Office of Compliance
 P.O. Box 189
 Albany, NY 12201-0189

CONTRACTOR/CONSULTANT WAIVER REQUEST

Purpose: This form is used to request a waiver of utilization/participation goals.

Section I Contract Information

Contractor/Consultant Name		Contact Name	Phone No. () -
Contact Email Address		Payments to Date	
Contract No.	TA No.	D No.	
Proposal/Contract/Agreement Goals			
MBE _____% WBE _____% DBE _____% SDVOB _____% EEO Minority _____% EEO Female _____% Trainee: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section II Waiver Request(s)

Waiver(s) Requested: MBE WBE DBE SDVOB EEO Minority EEO Female Trainee

Waiver pending certification, check here if subcontractor(s) or supplier(s) on utilization plan are not certified, but an application for certification has been filed on _____ (date)

Section III Contractor/Consultant Certification

Submission of this form constitutes the contractor's/consultant's acknowledgement and agreement to comply with the Compliance requirements set forth under the proposal/contract/agreement. Failure to submit the required Good Faith Efforts documentation, as provided on the New York State Thruway Authority's webpage regarding forms and guidelines for contractor's/consultant's, may result in delay of the award of proposal/contract/agreement, withholding of the mobilization pay item and monthly estimates and/or assessment of liquidated damages.

By submitting this form and the required documentation, the contractor/consultant certifies that every Good Faith Effort has been taken to promote participation pursuant to the Compliance requirements set forth under the proposal/contract/agreement.

Name (print or type)	Title	Signature	Date
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FOR OFFICE OF COMPLIANCE USE ONLY

Approved by	Date
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Waiver(s) Granted Yes No MBE WBE DBE SDVOB EEO Minority EEO Female Trainee

Total Waiver Partial Waiver Certification Waiver Conditional* Notice of Deficiency Issued

*Comments