

**Change of Sub-Contractor Form**

In accordance with MAWSS DBE 16-01

JOB NAME \_\_\_\_\_ Location \_\_\_\_\_

Name of General Contractor \_\_\_\_\_

Name of Original Sub-Contractor \_\_\_\_\_

Name of New Sub-Contractor \_\_\_\_\_

Reason for Change \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This instrument is for the purpose of advising all persons involved of a change being made on the contract and job-site.

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General Contractor

\_\_\_\_\_

DBE Office

\_\_\_\_\_

Asst. Director