



Bureau of Purchasing
200 Southern Blvd.
Albany, NY 12209

CONTRACTOR WAIVER REQUEST

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

Section I Contract Information

Contractor Name	Contact Name	Phone No. () -
Contact Email Address	IFB/RFP/Contract No.	Payments to Date
Proposal/Contract Goals MBE _____ % WBE _____ % SDVOB _____ %		

Section II Waiver Request(s)

Waiver(s) Requested: MBE WBE SDVOB

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 Certification

Submission of this form constitutes the contractor's acknowledgement and agreement to comply with the Compliance requirements set forth under the proposal/contract. 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 contractors, within 10 business days of the notice of tentative contract award, may result in delay of the award of proposal/contract, withholding of the payments and/or assessment of liquidated damages.

By submitting this form and the required documentation, the contractor 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 SDVOB

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

*Comments