



STATE OF NORTH CAROLINA  
DEPARTMENT OF TRANSPORTATION

ROY COOPER  
GOVERNOR

J. ERIC BOYETTE  
SECRETARY

**Integrated Mobility Division**  
Statement of Capital  
Withdrawal

**Instructions:** This purpose of this form is to remove any previously funded vehicular capital from an application. Any previously approved capital assets will not be considered for subsequent capital application approval without a Statement of Capital Withdrawal. All capital assets that will not be purchased/replaced in an application must have this documentation. **Incomplete forms will not be processed.**

<b>Submittal date:</b>	<b>Project #:</b>
<b>Application ID:</b>	<b>Agreement#:</b>

<b>Subrecipient</b> <i>(Agency Name)</i>		
Contact Person:		Phone: ( )
Email:		
VIN number of Vehicle(s) Withdrawn:		
<b>NCDOT/PTD Use Only</b>		
<b>1. Reason for Withdrawal:</b> (Provide a brief description.)	Adequate	Inadequate

Mailing Address:  
NC DEPARTMENT OF TRANSPORTATION  
INTEGRATED MOBILITY DIVISION  
1550 MAIL SERVICE CENTER  
RALEIGH, NC 27699-1550

Telephone: 919-707-4670  
Fax: 919-733-1391  
Customer Service: 1-877-368-4968

Location:  
1 SOUTH WILMINGTON STREET  
RALEIGH, NC 27601

Website: [ncdot.gov](http://ncdot.gov)

I, \_\_\_\_\_ certify that the capital asset(s) listed in this request will not be purchased until approved in a new capital application is submitted to NCDOT after the date below.

\_\_\_\_\_  
**Signature of Authorized Official or Agency Designee**

\_\_\_\_\_  
**Date**

**Recommendation:**

\_\_\_\_\_ **Approved**

\_\_\_\_\_ **Not Approved**

\_\_\_\_\_  
**Signature and Date**

**Comments:**

*This form is to be returned to your MDS via email.*