

OPPORTUNITIES FOR OHIOANS WITH DISABILITIES

Bureau of Services for the Visually Impaired

Business Enterprise Program

OPERATOR RESIGNATION

I, (name) _____ ,

(address) _____ ,

(facility #) _____ ,

hereby agree to one of the following options:

To voluntarily give up my license in the Business Enterprise Program.

To resign this location/facility, but wish to maintain my license.

Signature – _____ Date _____

Witnessed – _____ Date _____

c: Operator
Area office
BE Central office

