



**ITA Programs Removal Form**

Send completed form to: [DWDB\\_ETPL@delaware.gov](mailto:DWDB_ETPL@delaware.gov)

Provider Name: \_\_\_\_\_

<b>PROGRAM TITLE (Must be the same as DJL)</b>	<b>EXPLANATION FOR REMOVAL</b>	<b>EFFECTIVE DATE</b>

Authorized Signer: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of Authorized Signer: \_\_\_\_\_