

FORM A

SUBMITTER INFORMATION

Submitter: _____

Name of Company: _____

Year Established: _____ Federal Tax ID No.: _____

Name of Official Representative: _____

Contact Person: _____

Address: _____

Telephone No.: _____ Fax No.: _____

E-mail address: _____

Business Organization (check one):

- Corporation (If yes, indicate the State and Year of Incorporation): _____
- Partnership
- Joint Venture
- Other (describe): _____

A. Business Name: _____

B. Business Address: _____

Headquarters: _____

Office Performing Work: _____

Contact Telephone Number: _____

C. Bonding Capacity:

Total: _____ Available: _____

FORM A (cont.) SUBMITTER INFORMATION

D. If the entity is a legal Joint Venture or Partnership, indicate the name and role of each member company in the space below. Otherwise, complete a separate Form A for each participant, member, indicating the company name, role, and financial liability, and attach it to the SOQ.

Name of Member Company	Role	Financial Liability
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UNDER PENALTY OF PERJURY, I CERTIFY THAT I AM THE COMPANY'S OFFICIAL REPRESENTATIVE AND THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, FOLLOWING REASONABLE INQUIRY; THE FOREGOING IS TRUE AND CORRECT.

BY: _____ PRINT NAME: _____

TITLE: _____ DATE: _____

[Please make additional copies of this form as needed]

