

AML & BF CONTRACTOR / SUBCONTRACTOR INFORMATION FORM

The requested information is necessary to obtain an AVS data evaluation to determine eligibility to work on AML or BOND FORFEITURE-funded projects. Provide the requested information for the prime contractor and for each subcontractor.

Project Name.: _____

Part A: General Information

Company Name: _____

Federal ID Number: _____

Business Address: _____

City: _____

State: _____ Zip Code: _____

Phone : _____

Part B: Legal Structure

Corporation Sole Proprietorship Partnership LLC

Other _____

Part C: Ownership/Control Information

Provide information for the following relationships: officers/directors; persons/companies owning greater than 10% of the voting stock; partners; members; person(s) who commit the financial, real estate or working assets; and person(s) who have the authority to determine the manner in which the AML or BOND FORFEITURE work is conducted.

Full Name: _____
(First Middle Last)

Position/Title: _____ Date of Position _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

% of Ownership: _____ Last 4 Digits of SSN: _____

Date Ownership began: _____

Full Name: _____
(First Middle Last)

Position/Title: _____ Date of Position _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

% of Ownership: _____ Last 4 Digits of SSN: _____

Date Ownership began: _____

Attach additional pages as needed.

Signature: _____

Date: _____