

AML CONTRACTOR/SUBCONTRACTOR INFORMATION FORM

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

Part A: General Information

Contractor Name: _____

Tax Payer ID No.: _____

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 work is conducted.

Name: _____

Address: _____

Position/Title: _____

Phone: _____

% of Ownership: _____ Fed I.D. #: _____

Name: _____

Address: _____

Position/Title: _____

Phone: _____

% of Ownership: _____ Fed I.D. #: _____

Attach additional pages as needed.

Signature: _____

Date: _____