

# 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: \_\_\_\_\_