

Part D.

Contractor Name: _____

If the current entity and Entity OFT information for your business is incomplete or incorrect in AVS, or if there is no information in AVS for your business, you must provide all of the following information as it applies to your business affiliations. Please make as many copies of this page as you require.

- Every officer (President, Vice President, Secretary, Treasurer, etc.);
- All Directors;
- All persons performing a function similar to a Director;
- Every person or business that owns 10% or more of the voting stock in your business;
- Every partner, if your business is a partnership;
- Every member and manager, if your business is a limited liability company; and
- Any other person(s) who has the ability to determine the manner in which the AML reclamation project is being conducted.

Name	_____	Position/Title	_____
Address	_____	Telephone #	_____
	_____	% of Ownership	_____
Begin Date:	_____	Ending Date:	_____

Name	_____	Position/Title	_____
Address	_____	Telephone #	_____
	_____	% of Ownership	_____
Begin Date:	_____	Ending Date:	_____

Name	_____	Position/Title	_____
Address	_____	Telephone #	_____
	_____	% of Ownership	_____
Begin Date:	_____	Ending Date:	_____

Name	_____	Position/Title	_____
Address	_____	Telephone #	_____
	_____	% of Ownership	_____
Begin Date:	_____	Ending Date:	_____

PAPERWORK REDUCTION STATEMENT

The Paperwork Reduction Act of 1995 (44 U.S.C. 3501) requires us to inform you that: Federal Agencies may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. This information is necessary for all successful bidders prior to the distribution of AML funds, and is required to obtain a benefit.

Public reporting burden for this form is estimated to range from 15 minutes to 1 hour, with an average of 22 minutes per response, including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Office of Surface Mining Reclamation and Enforcement, Room 202 SIB, Constitution Ave., NW, Washington, D.C. 20240.

Instructions for AML Contractor Form

Part A: General Information:

Part A is filled out by the contractor

Part B: Legal Structure

Part B is filled out by the contractor, filling in the description that best describes his/her operation

Part C: Ownership/Control Information

AML contractor should contact the AVS office (800-643-9748) to have any information about their company faxed to them to check for accuracy of information. After receiving the information the contractor must then check the statement that best describes their situation. If information is accurate and complete, check the first statement and go to Part D, certification and check corresponding statement, and certify it is correct. Attach printout to form when submitting to AML office for evaluation.

If ownership/control information needs to be updated (end dates for officers/director or new owners/controllers added, check the second statement and go to Part D, certification and check corresponding statement. Attach information to be added when submitting to AML office for evaluation. Updated/new information will be added by the AVS office.

If contractor's ownership/control information does not exist in the AVS, contractor should check the third statement and go to Part D, certification and check corresponding statement. Attach information to be added when submitting to AML office for evaluation. Ownership and control information will be entered into the AVS by the AVS office.

Part D: Certification

The contractor, following instructions for Part C will check the proper statement and certify by dating and signing certification form.