OMB #1029-0119 Expiration Date: 1/31/13

AML CONTRACTOR INFORMATION FORM

You must complete this form for your AML contracting officer to request an eligibility evaluation from the Office of Surface Mining to determine if you are eligible to receive an AML contract. This requirement applies to contractors and their sub-contractors and is found under OSM's regulations at 30 CFR 874.16. When possible, please type your information onto this form to reduce errors on our end. NOTE: Signature and date of this form must be recent (within the last month) to be considered for a current bid.

Part A: General Information

https://avss.osmre.gov.

Business Name: Address:		Tax Pay	er ID No.:
		Zip Code:	Phone:
Fax No.:	E-mail addre	SS:	
Part B: Legal Structu	ire		
) Sole Proprietorship fy)		
			ant/Violator System (AVS). s for that option, and sign below.
I,(print na	ne) , ha	ve the express	authority to certify that:
accurate, comp		you select this	Camily Tree (OFT) from AVS is option, you must attach an Entity do <u>not</u> complete Part D.
and must be up AVS to this fo	dated. If you select this	option, you mu	from AVS is missing or incorrect ust attach an Entity OFT from or corrected information. Sign
	currently is not listed in A required in Part D. Sign	•	lect this option, you must provide w and complete Part D.
Date	_	gnature	Title
AVS, you must obtain	D D	s' Entity OFT.	y of existing information in To obtain an Entity OFT, he AVS website at

Part D.

Contractor's Business Name:	

If the current 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. 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	Talanhana #	
<u></u>	% of Ownership	
Begin Date:	п. н. Б.	
Name	Position/Title	
Address	Tolophono #	
	% of Oxynorchin	
Begin Date:		
Name	Position/Title	
Address	Tolophono #	
	% 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 26 minutes per response, including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. You may 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 203 SIB, Constitution Ave., NW, Washington, D.C. 20240.