## ABANDONEDMINELANDS (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 Reclamation and Enforcement (OSMRE) to determine if you are eligible to receive an AML contract. This requirement can be found under OSMRE's regulations at 30 CFR 874.16. **NOTE:** This form must be signed and **dated within 30 days** of submission to be considered for a current bid.

**Part A: General Information** 

Business Name: Tax ID #: Address: City, State, & Zip: Phone Number: Email Address:		<u> </u>
Part B: Obtain an	Organizational Family Tree (OFT) from the Applicant Viola	tor System (AVS)
Instructions for dov files/2022-02/OMB	by the existing AVS information or submit updates under Part C, while an OFT from the AVS can be found at: <a href="https://www.oi/w201029-0119%20instructions.pdf">https://www.oi/w201029-0119%20instructions.pdf</a> . If you require assistance you 800-643-9748, or by email at: <a href="mailto:avshelp@osmre.gov">avshelp@osmre.gov</a> .	smre.gov/sites/default/
Part C: Certifying	and updating information in the AVS	
Select one of the op	tions, follow the instructions for the selected option, sign, and da	nte below.
I, (Prin	, have express authority at Name)	to certify that:
1. Our busine this option	ess is listed in the AVS. The information is accurate, complete, a on, you must attach an Entity OFT from the AVS to this form). <u>I</u>	nd up to date. (If you select Do not complete Part D.
2. Our busine attach ar corrected	ess is in the AVS. The information needs to be updated. (If you say Entity OFT from the AVS to this form). Complete Part D to prod information.	elect this option, you must ovide the missing or
3. Our busine the infor	ess is not listed in the AVS. The information needs to be added. (mation.	Complete Part D to provide
——————————————————————————————————————	Signature	Title

## **Part D: OFT Information**

Contractor's Business Name:
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If the current Entity OFT information for your business is incomplete in the AVS, or if there is no information in the AVS for your business, you must provide all of the following information as it applies to your business. Please include additional copies of this page if the space below is not sufficient to capture all information.

- Every officer (President, Vice President, Secretary, Treasurer, etc.);
- All Directors, Partners, and Members;
- 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;
- Any other person(s) who has the ability to determine the manner in which the AML reclamation project is being conducted.
- Please list an end date for any person who is no longer with your business.

Name:	Name:	
Address:	Address:	
City, State, Zip:	City, State, Zip:	
Begin Date:	Danie Data	
End Date:	End Data	
% Ownership:	% Ownership:	
Position/Title:		
Phone Number:		
Name:	Name:	
Address:	Address:	
City, State, Zip:	City, State, Zip:	
Begin Date:	Davis Data	
End Date:	End Data:	
% Ownership:		
Position/Title:		
Phone Number:	Phone Number:	

## 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 current 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 one hour, with an average of 30 minutes per response, including time for reviewing instructions, gather 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, 1849 C Street, NW, Room 4559, Washington, DC 20240.