



U.S. Department of Justice

Office of Justice Programs

Bureau of Justice Assistance

Washington, D.C. 20531

Denial of Federal Benefits Verification Request Form

Request From (Please Print):

Agency/Company:

Name:

Address:

Phone Number: () - Ext. Fax Number: () -

Verification On (Please Print):

Name:

Birth Date: / / Social Security Number: - -

Cause and Treatment Code Referenced in the Debarment List :

Federal Benefit Applied For and Other Information:

The undersigned hereby certifies that the above data is true, and is authorized by said individual, to make such a request on his/her behalf. The undersigned also certifies that said individual's name was published in the GSA iList of Parties Excluded from Federal Procurement and Nonprocurement Programs, with a Cause and Treatment Code of AA, PP, BB, or QQ. I have read, and understand the meaning of these codes, and that this inquiry meets the requirements of the code displayed for said individual, and will be used for this specific purpose only.

Signature

Date

For Denial of Federal Benefits Use Only:

Date Received: / /

Processor:

Match Found: () Yes () No

