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.

Part A: General Info	rmation		
Business Name:		Tax Payer ID No.:	
City:	State:	Zip Code:	Phone:
Fax No.:	E-mail	address:	
Part B: Legal Struct	ture		
() Corporation() Other (please spec			
			nt/Violator System (AVS). for that option, and sign below.
I,(print na	ame)	, have the express a	authority to certify that:
accurate, com	plete, and up-to-dat	e. If you select this o	amily Tree (OFT) from AVS is option, you must attach an Entity do <u>not</u> complete Part D.
and must be u AVS to this f	pdated. If you selec	ct this option, you mu provide the missing o	rom AVS is missing or incorrect st attach an Entity OFT from r corrected information. Sign
	•		you select this option, you must te below and complete Part D.
 Date		Signature	Title

IMPORTANT! In order to certify in Part C to the accuracy of existing information in AVS, you must obtain a copy of your business' Entity OFT. To obtain an Entity OFT, contact the AVS Office, toll-free, at 800-643-9748 or from the AVS website at https://avss.osmre.gov.

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	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. 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 202 SIB, Constitution Ave., NW, Washington, D.C. 20240.