$Key\ Management\ Personnel\ (KMP)\ List-Sample$

| LIST OF KEY MANAGEMENT PERSONNEL | INITIAL REPORT (Insert Date) CHANGE REPORT (Insert Date) | | FACILITY CAGE CODE (FSC#) | |
|--|--|--|---|--|
| FACILITY NAME, ADDRESS, AND ZIP CODE (As it appears on the DD Form 441 or DD Form 441-1) | | | | |
| | | | | |
| FULL NAME & POSITION / TITLE | DATE, PLACE OF BIRTH & CITIZENSHIP | SOCIAL SECURITY NUMBER OF THOSE KMP REQUIRED FOR | ELIGIBILITY LEVEL (If EXCLUDED, provide date) | |
| | | THE FCL | | |
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| I CERTIFY THAT THE INFORMATION INCLUDED HEREON IS TRUE, COMPLETE. AND CORRECT TO THE BEST OF MY KNOWLEDGE. | | PAGE of |
|---|------------------------|---------|
| {REQUIRES SIGNATURE OF ONE LISTED OFFICIAL} | (Signature / Position) | PAGES |

REVISED 7/95 XR