# FORM B-2 INFORMATION REGARDING

**PROPOSER and MAJOR PARTICIPANTS**

Name of Proposer:

Name of Firm:

Year Established:

Individual Contact:

Individual’s Title:

Firm’s CEO/Chairman:

Federal Tax ID No. (if applicable):

Telephone No.:

North American Industry Classification Code:

Fax No.:

Name of Official Representative (if applicable):

Business Organization (check one):

Corporations (If yes, then indicate the State/Country/Province and Year of Incorporation and complete Sections A-C and the Certification form (**Form C**) for the entity.)

Partnership (If yes, complete Sections A-C and the Certification form (**Form C**) for each member.)

Joint Venture (If yes, complete Sections A-C and the Certification form (**Form C**) for each member.)

Limited Liability Company (If yes, complete Sections A-C and the Certification form (**Form C**) for each member.)

Other (If yes, describe and complete Sections A-C and the Certification form (**Form C**))

1. Business Name:
2. Business Address:

Headquarters:

Office Performing Work:

Contact Telephone Number:

1. If the entity is a Joint Venture, Partnership or Limited Liability Company, indicate the name and role of each member firm in the space below. Complete a separate Information form (**Form B**) for each member firm and attach it to the SOQ. Also indicate the name and role of each guarantor and attach a separate form.

Name of Firm Role

Under penalty of perjury, I certify that the foregoing is true and correct, and that I am the firm’s Official Representative:

By:

Print Name:

Title:

Date:

[*Please make additional copies of this form as needed for each entity required to complete this form.*]