

CONSULTANT INFORMATION -1

1. Consultant Name: _____

Address: _____

Phone: _____ Fax: _____

2. Category of business:

a. _____ Individual: Az license No. _____

b. _____ Corporation;; State of Incorporation _____

Principal place of business: _____ Same as above _____ Other _____

Statutory Agent: Name: _____

Address: _____

c. _____ Partnership; Formed in the State of _____

Type of Partnership: _____ General _____ Limited;

d. _____ Joint Venture; Formed in the State of _____

e. _____ Other State: _____

3. Key Personnel for the Project;

<u>Name</u>	<u>License #</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Subconsultant's: _____ Yes _____ No, List names, addresses and services to be provided: _____

5. Does Consultant have valuable papers insurance? _____ Yes _____ No

6. Consultant's Taxpayer ID No. _____

(Attach IRS W-9 form – fully completed and executed)