OMB #1029-0119 Expiration Date: 12/31/06

AML CONTRACTOR INFORMATION FORM

You must complete this form to obtain an AVS data evaluation to determine your eligibility as an AML contractor and/or sub-contractor. This is the requirement under 30 CFR 874.16.

Part A: General Inform	nation				
Contractor Name:	Tax Payer ID No.:				
Address:					
City:	State:	Zip Code:	Phone:		
Fax No.:	E-mail address:				
Part B: Legal Structur	re				
() Corporation (() Other (please specif					
Part C: Certifying and options and sign below.	updating inform	ation in the AVS. S	elect only one of the following		
I,	, have the express authority to certify that:				
	select this option,		ate, complete, and up-to-date. t accompany this form. Do not		
	ormation on the att dated as indicated		is missing or incorrect and AVS		
	currently has no in dicated in Part D.	formation listed in the	e AVS. This information must be		
Date		Signature	Title		

Important!

In order to certify to existing information in Part C, you must obtain a copy of the relevant information from AVS. You may contact the AVS Office at 800-643-9748 or request a copy via e-mail from www.avs.osmre.gov on the Internet.

Part D.

Contractor Name:

If the current information for your company is incorrect in the AVS, or if your company has no information in the AVS, you must provide the information below for the following relationships. Please attach additional information as necessary.

- Company officers (president, vice president, secretary, treasurer, etc.);
- Directors;
- Persons performing a function similar to a Director;
- persons/companies who own or control 10% or more of the voting stock in your company;
- partners (if your company is a partnership);
- members/managers (if your company is a limited liability company);
- 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	Talanhona #	
	% of Ownership	
Begin Date:	Ending Data	
Name	Position/Title	
Address	Talanhona #	
	% of Ownership	
Begin Date:	Ending Data:	
Name	Position/Title	
Address	Talanhona #	
	% of Ownership	
Begin Date:	Ending Date:	
Name	Position/Title	
Address	Talanhona #	
	% 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 average <u>45 minutes</u> per response, including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. 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 210 SIB, Constitution Ave., NW, Washington, D.C. 20240.

REQUEST FOR AVS DATA EVALUATION

Requests for an AVS data evaluation, as required under 30 CFR 874.16, can be made by mail, fax or by phoning request in to:

Applicant Violator System Office Office of Surface Mining 2679 Regency Road Lexington, KY 40503 Phone: (800) 643-9748

Fax: (859) 260-8418

1.	Requesting Office: Contact Name:			Date: Fax No.
	Phone No			
2.	Type of Contract:	Emergency Non-Emergency _		

NOTE: Sub-contractors who perform work on this project and receive 10% or more of the contract funding are subject to the same eligibility standards and must supply information requested in Parts A - D in order for the Applicant/Violator System Office to process the request for an AVS Data Evaluation.

RESULTS OF AVS DATA EVALUATION

Contractor Na	me :
Sub-contractor	r Name:
your review.	report from the AVS in response to your request for an AVS Data Evaluation for You may contact a Lexington AVS Office Representative by calling (800) 643- cions relating to AVS printouts.
Comments/An	alysis if violations are retrieved by the system:
Date	Lexington AVS Office Representative