



**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	_____	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 average 45 minutes 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: \_\_\_\_\_ Date: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Fax No. \_\_\_\_\_  
Phone No. \_\_\_\_\_ E-mail address: \_\_\_\_\_
  
2. Type of Contract:   Emergency \_\_\_\_\_  
                                  Non-Emergency \_\_\_\_\_

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**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 Name : \_\_\_\_\_

Sub-contractor Name: \_\_\_\_\_

Attached is a report from the AVS in response to your request for an AVS Data Evaluation for your review. You may contact a Lexington AVS Office Representative by calling (800) 643-9748 for questions relating to AVS printouts.

Comments/Analysis if violations are retrieved by the system:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lexington AVS Office Representative