ABANDONED MINE LANDS (AML) CONTRACTOR INFORMATION FORM

You must complete this form for your AML contracting officer to request an eligibility evaluation from the Office of Surface Mining Reclamation and Enforcement (OSMRE) to determine if you are eligible to receive an AML contract. This requirement can be found under OSMRE's regulations at 30 CFR 874.16. **NOTE:** This form must be signed and **dated within 30 days** of submission to be considered for a current bid.

Part A: General Info	rmation	
Business Name: Tax ID #: Address: City, State, & Zip: Phone Number: Email Address:		_
Part B: Obtain an Or	ganizational Family Tree (OFT) from the Applica	ant Violator System (AVS)
Instructions for downled files/2022-02/OMB%2	ne existing AVS information or submit updates under oading an OFT from the AVS can be found at:	

Part D: OFT Information

If the current Entity OFT information for your business is incomplete in the AVS, or if there is no information in the AVS for your business, you must provide all of the following information as it applies to your business. Please include additional copies of this page if the space below is not sufficient to capture all information.

- Every officer (President, Vice President, Secretary, Treasurer, etc.);
- All Directors, Partners, and Members;
- All persons performing a function similar to a Director;
- Every person or business that owns 10% or more of the voting stock in your business;
- Any other person(s) who has the ability to determine the manner in which the AML reclamation project is being conducted.
- Please list an end date for any person who is no longer with your business.

Name:	Name:	
Address:	Address:	
City, State, Zip:	City, State, Zip:	
Begin Date:		
End Date:	End Date:	
% Ownership:	% Ownership:	
Position/Title:		
Phone Number:		
Name:	Name:	
Address:	Address:	
City, State, Zip:	City, State, Zip:	
Begin Date:		
End Date:	End Date:	
% Ownership:		
Position/Title:		
Phone Number:		

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 current 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 range from 15 minutes to one hour, with an average of 30 minutes per response, including time for reviewing instructions, gather and maintaining data, and completing and reviewing the form. You may 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, 1849 C Street, NW, Room 4559, Washington, DC 20240.