

**ATTACHMENT 1  
CONTRACTOR STATUS FORM  
RFQ-19-703**

This document provides the Energy Commission with basic information about the Firm and its key subcontractors. Each Firm must complete, sign and include this attachment in its SOQ.

**1. Firm Information**

Full Legal Name of Firm \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_  
(street number and name)

\_\_\_\_\_  
(city)

\_\_\_\_\_  
(county)

\_\_\_\_\_  
(state)

\_\_\_\_\_  
(zip code)

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**2. Type of Entity or Business Organization**

Organization Tax ID Number \_\_\_\_\_ How long under current ownership \_\_\_\_\_

Nature of Business Activity \_\_\_\_\_

Number of employees \_\_\_\_\_ Year established \_\_\_\_\_

Legal form of organization (check one):

- |  |  |                              |
|--|--|------------------------------|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation               | <input type="checkbox"/> LLC |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Sub-Chapter S Corporation |                              |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Other (describe) _____    |                              |

**3. Small Business Preference Claim \*\*\*NOT APPLICABLE FOR RFQ\*\*\***

Is your organization certified as a small business by the State of California, or have you applied for certification?

- No**
- Yes** If yes, list your OSDS Number \_\_\_\_\_
- Date certified \_\_\_\_\_
- Application submitted to Office of Small Business Certification and Resources on:  
\_\_\_\_\_ (date)

#### 4. Disabled Veteran Business Participation Acknowledgement

I certify that I have read and understand the requirements of DVBE participation and understand my obligations in regard to DVBE. **I also understand that failure to meet the requirements of the DVBE will cause my SOQ to be rejected before evaluation.**

DVBE Participation  YES  NO

DVBE Incentive Participation  YES  NO

DVBE Participation Amount must be documented on Attachment 3.4 Bidder Declaration.

#### 5. Statement of Qualifications Contents

Check to indicate the SOQ material you are submitting

Volume #1, Administrative Response  CD ROM or USB memory stick

Volume #2, Technical Response

#### 6. Authorization and Certification

I hereby authorize the California Energy Commission to make any inquiries necessary to verify the information I have presented in my Application.

I hereby authorize the California Energy Commission to obtain business credit reports and make any inquiries necessary to verify and evaluate the financial condition of the applicant.

I hereby certify that this application does not contain any confidential or proprietary information.

I hereby certify to the best of my knowledge and belief that I have read, understand, and do hereby accept the terms and conditions contained in this solicitation, including the provisions of the Agreement Terms and Conditions and, further, I am willing to enter into an agreement with the Commission to conduct the proposed project according to the terms and conditions without negotiation.

I hereby certify to the best of my knowledge, and under penalty of perjury, that the information contained in this Application is correct and complete.

I hereby certify that I am authorized to complete and sign this form on behalf of the applicant.

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Signature of Authorized Representative

Date

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Typed Name

Title