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 Statement of Qualifications (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:

# 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):

 [ ]  Sole Proprietorship [ ]  Corporation [ ]  LLC

 [ ]  General Partnership [ ]  Sub-Chapter S Corporation

 [ ]  Limited Partnership [ ]  Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 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)

# 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 4 Bidder Declaration.

1. **Proposal Contents**

Check to indicate the SOQ material you are submitting.

[ ]  Section 1, Administrative Response

[ ]  Section 2, Technical Response

# 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.

Signature of Authorized Representative Date

Typed Name Title