

CONFIRMATION OF BUSINESS ORGANIZATION

Project Title: _____

RFP Number: _____

Proposer / Company Name: _____

Business Organization Type (check one):

☐ Sole Proprietorship

☐ Partnership

☐ Corporation

☐ Limited Liability Company (LLC)

☐ Joint Venture

☐ Other: _____

If Partnership or Joint Venture, list all members (attach pages if needed):

Name Address Business License # Tax ID Phone Fax

State of Incorporation / Formation (if applicable): _____

UBI / Registration No. (if applicable): _____

Authorized Representative

Name: _____

Title: _____

Signature: _____ **Date:** _____

Email: _____ **Phone:** _____
