## PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Please complete, date and sign this form and place it as the first page of your proposal. The person signing the form must be authorized to sign on behalf of the Proposer and to bind the applicant in a Contract.

Name		State	Year Inc.
If your firm is a partnership partner:		ip, state the name	of the proprietor or ma
If your firm is doing busines of registration:		DBA's, please list	all DBA's and the Cou
Name	(	County of Registra	tion Year Became DB
	<del></del>		
ls your firm wholly or majori	ty owned by or a sub		firm: if yes
		sidiary of, another	firm: if yes,
Name of parent firm:		sidiary of, another	firm: if yes,
Name of parent firm:	gistration of parent firn	sidiary of, another	firm: if yes,
Name of parent firm: State of incorporation or rec	gistration of parent firn	sidiary of, another	firm: if yes,
Is your firm wholly or majori Name of parent firm: State of incorporation or recepted and other names Name	gistration of parent firn	sidiary of, another	firm: if yes,  he last five (5) years.
Name of parent firm: State of incorporation or rec	gistration of parent firm your firm has done b	sidiary of, another i	firm: if yes,  ne last five (5) years.  Year of Name Ch

Proposer acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this proposal are made, the proposal may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final:

Proposer's Name

	(Proposer's name), I epresentative), certify that the information contained in this Proposer's rit is true and correct to the best of my information and belief.
Signature	Internal Revenue Service Employer Identification Number
Title	California Business License Number
Date	County WebVen Number