Attachment 5

Business Declaration Form

DTFAEN-11-R-00087

Replacement of cable on 2 Towers, Florence, South Carolina

BUSINESS DECLARATION

1. Name of Firm: _____ Tax Identification No.: _____

2. Address of Firm: _____

3. Telephone Number of Firm: _____

4. a. Name of Person Making Declaration _____

   b. Telephone Number of Person Making Declaration _____

   c. Position Held in the Company _____

5. Controlling Interest in Company *("X" all appropriate boxes)*

   ☐ a. Black American ☐ b. Hispanic American ☐ c. Native American ☐ d. Asian American

   ☐ e. Other Minority *(Specify)* _____ ☐ f. Other *(Specify)* _____

   ☐ g. Female ☐ h. Male ☐ i. 8(a) Certified *(Certification letter attached)* ☐ j. Service Disabled Veteran Small Business

6. Is the person identified in Number 4 above, responsible for day-to-day management and policy decision making, including but not limited to financial and management decisions?

   ☐ a. Yes ☐ b. No *(If "NO," provide the name and telephone number of the person who has this authority.)*

   _____

7. Nature of Business *(Specify major services/products (NAIC))* _____

8. (a) Years the firm has been in business: _____ (b) No. of Employees _____

9. Type of Ownership: ☐ a. Sole Ownership ☐ b. Partnership

   ☐ c. Other *(Explain)* _____

10. Gross receipts of the firm for the last three years:

    a.1. Year Ending: _____ b.1. Gross Receipts _____

    a.2. Year Ending: _____ b.2. Gross Receipts _____ a.3. Year Ending: _____ b.3. Gross Receipts _____

11. Is the firm a small business? ☐ a. Yes ☐ b. No

I DECLARE THAT THE FOREGOING STATEMENTS CONCERNING _____
ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF. I AM AWARE THAT I AM SUBJECT TO CRIMINAL PROSECUTION UNDER THE PROVISIONS OF 18 USCS 1001.

12. a. Signature _____ b. Date: _____

    c. Typed Name _____ d. Title: _____