BUSINESS INFORMATION QUESTIONNAIRE (BIQ) FORM

NAME OF BUSINESS		
PRINCIPAL OFFICE ADDRESS		
LOCAL OFFICE ADDRESS (SERVICING THE AIRPOR	T AUTHORITY):	
TELEPHONE NUMBER FAX	NUMBER	
EMAIL BUSINESS WEBSITE		
TAX ID NUMBER (TIN):		
FORM OF OWNERSHIP (Check One)		
Corporation () LLC () Joint Venture () Oth	er	
State of Incorporation/Registration		
Date of Incorporation/Registration		
Partnership () If Partnership, select one of the following	ng: Limited() General()	
Individual () Other		
() Business is in Good Standing with the State of Michi	gan.	
() Business is in Good Standing with the state in which	this business is domiciled.	
() This business is not required to obtain a Certificate of State of Michigan (and its state of domicile, if different	•	
SMALL BUSINESS ENTERPRISE (SBE)		
Is firm certified by the Airport Authority as a SBE? Yes	() No ()	
If yes, SBE Certification No		
LIST OF PARTNERS, PRINCIPALS, CORPORATE OF	FICERS OR OWNERS	
<u>Name</u> <u>Title</u>		
LIST OF CORPORATE DIRECTORS		
	cipal Business Affiliation er Than Bidder Directorship	

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BUSINESS INFORMATION QUESTIONNAIRE (BIQ) FORM (continued)

ADDITIONAL INFORMATION REQUIRED BY THE AIRPORT AUTHORITY

LIST OF PRINCIPAL ST	OCKHOLDERS (i.e., thos	se holding 5% or more of the outstanding stock)
Name		Address
involving an employmer	at or consulting relationship	EREST: Identify any contract(s), including any contract nip, which the firm, or its partners, principals, corporate county Airport Authority, or with any of its board members
business neither (a) e provision of oil or lique used to transport oil or	ngages in investment a fied natural gas tankers liquefied natural gas fo y, if that person or entity	information is true, correct and complete, that this activities in the energy sector of Iran, including the s or products used to construct or maintain pipelines or the energy sector of Iran, nor (b) extends credit to y will use the credit to engage in investment activities
Name of Business		
Signature	Date	
Title		

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