

**LOCAL BUSINESS PRESENCE IDENTIFICATION FORM**

Section 00461CMR

**(Criteria Item 12)****OFFEROR MUST SUBMIT THE FOLLOWING INFORMATION FOR EACH SUBCONTRACTOR (INCLUDING THE OFFEROR).**

*NOTE: ALL CONTRACTOR'S IDENTIFIED BELOW MUST BE USED ON THIS PROJECT AND MUST BE IDENTIFIED ON THE MBE/WBE COMPLIANCE PLAN.*

**OFFEROR:**

COMPANY NAME:					
Street Address, Zip:					
Is your Company in the Austin Corporate City Limits (ACCL)?		Which applies to your ACCL office?		Has your business been at this location for the past 5 years?	
Yes	No	Headquarters	Branch Office	Yes	No

USE ADDITIONAL PAGES AS NECESSARY

**SUBCONTRACTOR(S):**

COMPANY NAME:					
Street Address, Zip:					
Is your Company in the Austin Corporate City Limits (ACCL)?		Which applies to your ACCL office?		Has your business been at this location for the past 5 years?	
Yes	No	Headquarters	Branch Office	Yes	No

COMPANY NAME:					
Street Address, Zip:					
Is your Company in the Austin Corporate City Limits (ACCL)?		Which applies to your ACCL office?		Has your business been at this location for the past 5 years?	
Yes	No	Headquarters	Branch Office	Yes	No

COMPANY NAME:					
Street Address, Zip:					
Is your Company in the Austin Corporate City Limits (ACCL)?		Which applies to your ACCL office?		Has your business been at this location for the past 5 years?	
Yes	No	Headquarters	Branch Office	Yes	No

**ACKNOWLEDGEMENT**

THE STATE OF TEXAS  
COUNTY OF TRAVIS

I certify that my responses and the information provided on **Form 00461CMR** are true and correct to the best of my personal knowledge and belief and that I have made no willful misrepresentations in this Section, nor have I withheld any relevant information in my statements and answers to questions. I am aware that any information given by me in this Section may be investigated and I hereby give my full permission for any such investigation and I fully acknowledge that any misrepresentations or omissions in my responses and information may cause my offer to be rejected.

**OFFEROR'S FULL NAME AND ENTITY STATUS:**

\_\_\_\_\_

\_\_\_\_\_  
Signature, Authorized Representative of Offeror

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_

**END**