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|  | |  |  |  | | --- | --- | --- | | EXHIBIT **REPORT OF CONSULTANT/SUBCONSULTANT INFORMATION** |  | | |  | |  | | | | | | | | | | | | | |
| Provide the following information for each contracting party including the Consultant and each Subconsultant. Attach additional sheets if necessary. | | | | | | | | | | | | | |
| 1 | | 2A | 2B | 3 | 4 | 5 | 6 | 7 | | 8 | | | |
| Full Name of Business | | Discipline | /Percentage of total contract amount | Street Address  City, State & ZIP | Tel No/ | Contact Name | Type of Owner- ship | License Info\*\* | | Business categories  (Check all that apply) | | | |
| License Classification\*\* | License No.\*\* |  | | | |
| SBE\* | | DVBE\* | N/A |
| (Consultant) | |  |  |  |  |  |  |  |  |  | |  |  |
| (Subconsultant 1) | |  |  |  |  |  |  |  |  |  | |  |  |
| (Subconsultant 2) | |  |  |  |  |  |  |  |  |  | |  |  |
| (Subconsultant 3) | |  |  |  |  |  |  |  |  |  | |  |  |
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|  | | | | | Column 6 – Type of Ownership | | | | Column 8- Business Categories | | | | |
|  | | | | | SP =  P =  C =  JV =  O = | Sole Proprietorship Partnership  Corporation  Joint Venture  Other | | | SBE =  DVBE = | | Small Business Enterprise  Disable Veteran Business Enterprise | | |

\*Regardless of tier, a completed Confirmation of Certification must be submitted for each firm indicated on this Exhibit.