

## SOLE PROPRIETOR DEMOGRAPHICS

- Initial Prequalification Application**
- Refiled Application of Lapsed Prequalification**

### DEMOGRAPHIC INFORMATION

Please provide the following information regarding the sole proprietor.

<b>Sole Proprietor Name</b> (as it appears on government issued ID)	<b>Doing Business As</b> (attach copy of filed DBA documentation, if applicable)
<b>Mailing Address</b>	<b>Social Security Number</b> <span style="float: right;"><b>Date of Birth</b> (mm/dd/yyyy)</span>
<b>City</b> <span style="margin-left: 100px;"><b>State</b></span> <span style="margin-left: 100px;"><b>Zip Code</b></span>	<b>Phone</b> <span style="float: right;"><b>Email Address</b></span>

### PERSON COMPLETING APPLICATION

Please provide the following information regarding the person completing this application.

<b>Name</b> (First, Middle, Last)	<b>Date of Birth</b> (mm/dd/yyyy)
<b>Mailing Address</b>	<b>Phone</b>
<b>City</b> <span style="margin-left: 100px;"><b>State</b></span> <span style="margin-left: 100px;"><b>Zip Code</b></span>	<b>Email Address</b>

### AFFILIATED INDIVIDUALS

Please list the spouse of the sole proprietor and all managerial employees. Add additional pages if necessary.

Individual Name	SSN	E-mail Address	Date of Birth	Affiliation to Sole Proprietor (E.g., Spouse or Managerial Employee)