FORM B

Major Team Member Information

**INSTRUCTIONS:**

(a) Submit one copy of Form B for each Major Team Member.

(b) If the Lead Construction Contractor, Lead Engineer Firm, Lead Operations Contractor, Lead Maintenance Contractor, or Lead Commercial Entity is an incorporated or unincorporated joint venture, submit:

i. a Form B for the joint venture; and

ii. a separate Form B for each Lead Contractor Member, Lead Engineer Firm Member, Lead Operations Contractor Member, Lead Maintenance Contractor Member or Nominated Subcontractor member (as the case may be).

|  |  |
| --- | --- |
| **NAME OF RESPONDENT:** |   |
| **TEAM MEMBER AND ROLE** |
| Name of Major Team Member: |   |
| Role: |   |

|  |  |
| --- | --- |
| 🞎 Equity Member | 🞎 Lead Maintenance Contractor  |
| 🞎 Lead Construction Contractor | 🞎 Lead Maintenance Contractor Member |
| 🞎 Lead Construction Contractor Member | 🞎 Lead Commercial Entity  |
| 🞎 Lead Engineer Firm | 🞎 Lead Commercial Entity Member |
| 🞎 Lead Engineer Firm Member | 🞎 Nominated Subcontractor |
| 🞎 Lead Operations Contractor | 🞎 Guarantor for [*Respondent to provide*] |
| 🞎 Lead Operations Contractor Member |  |

**LEGAL INFORMATION**

Type of Legal Entity:

|  |  |
| --- | --- |
| 🞎 Corporation | 🞎 Partnership |
| 🞎 Limited liability company🞎 Other: [Respondent to provide] | 🞎 Joint venture |

If the Lead Construction Contractor, Lead Engineer Firm, Lead Operations Contractor, Lead Maintenance Contractor, or Lead Commercial Entity is an incorporated or unincorporated joint venture, indicate the name and percentage interest in the relevant entity of each Lead Contractor Member, Lead Engineer Firm Member, Lead Operations Contractor Member, Lead Maintenance Contractor Member or Nominated Subcontractor member (as the case may be) in the space below and complete a separate Form B for each such entity.

|  |  |
| --- | --- |
| **Name of member firm:** | **Percentage interest in relevant member entity:**  |
| Member 1: |  |
| Member 2: |  |

**CORPORATE INFORMATION**

|  |  |
| --- | --- |
| Year Established: |   |
| Country and State/Province of Organization or Formation: |   |
| Business Address: |   |
| Headquarters:  |   |
| Office Performing Work: |   |
| Contact Name: |   |
| Contact Telephone Number: |   |
| Name of Authorized Representative: |   |

**AUTHORIZED REPRESENTATIVE:**

Under penalty of perjury, I certify that the foregoing is true and correct, and that I am the Authorized Representative of the entity to which this form relates:

|  |  |
| --- | --- |
| By:  | Print Name:  |
| Title:  | Date:  |