Contractor Disclosure of Prior Non-Responsibility Determinations

Name of Contractor: Address: Name and Title of Person Submitting this Form:			
		Name and Title of Person S	ubmitting this Form:
		Has any covered agency or Contractor in the last five y	authority made a finding of non-responsibility regarding the ears? (Please circle):
No	Yes		
	finding of the Contractor's non-responsibility due to the e or incomplete information required by Executive Order):		
No	Yes		
If yes, please provide detail	regarding the finding of non-responsibility below.		
Covered Agency or Author	ty:		
Year of Finding of Non-res	oonsibility:		
Basis of Finding of Non-Re	sponsibility:		