Contractor Disclosure of Prior Non-Responsibility Determinations

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Name of Contractor: _____

Address: _____
_____

Name and Title of Person Submitting this Form: _____
_____

Has any covered agency or authority made a finding of non-responsibility regarding the Contractor in the last five years? (Please circle):

No Yes

If yes, was the basis for the finding of the Contractor's non-responsibility due to the intentional provision of false or incomplete information required by Executive Order Number 127? (Please circle):

No Yes

If yes, please provide details regarding the finding of non-responsibility below.

Covered Agency or Authority: _____

Year of Finding of Non-responsibility: _____

Basis of Finding of Non-Responsibility: _____
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