

**ATTACHMENT A  
APPLICATION COVER PAGE**

Agency Department

Legal Name of Applicant:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

Contact Person:

Email: \_\_\_\_\_

Address:

\_\_\_\_\_

Telephone:

\_\_\_\_\_

Fax: \_\_\_\_\_

Secretary of State, Corporations Division, Registration  
No.:

**Business Designation:** (check one box)

- ☐ Corporation ☐ Professional Corporation ☐ Partnership ☐ Limited Partnership  
☐ Limited Liability Company ☐ Limited Liability Partnership ☐ Sole Proprietorship  
☐ Other

Agency (Agency) is an equal employment opportunity employer and values diversity in its work force. It also requires its recipients and contractors (consultants) to have an operating policy as an equal employment opportunity employer.

\_\_\_\_\_ certifies to having a formal statement of nondiscrimination in its employment policy.

\_\_\_\_\_  
Type name of person(s) authorized to negotiate agreement  
authorized to sign agreement

\_\_\_\_\_  
Type name of person(s)

\_\_\_\_\_  
Type name of authorized representative

\_\_\_\_\_  
Firm's FEIN / Oregon/State Tax ID#

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date