

CERTIFICATE OF INTERESTED PARTIES**FORM 1295**

Complete Nos. 1 – 4 and 6 if there are interested parties
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested

OFFICE USE ONLY

1. Name of business entity filing form, and the city, state and country of the business entity's place of business.

2. Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

3. Provide the identification number used by the governmental entity or state agency to track or identify the contract and provide a description of the services, goods, or other property to be provided under the contract.

4. Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary

5. Check only if there is NO Interested Party ☐

6. UNSWORN DECLARATION

My name is _____, and my date of birth is _____

My Address is _____
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

ADD ADDITIONAL PAGES AS NECESSARY