

Management/Ownership Information

*Name			SSN#
First	Middle	Last	
Have you ever been known by any othe	er name(s)? List a	all former names (including	maiden name) and dates they were used.
Spouse's name			SSN#
Home phone number:		Work ¡	phone number:
Mobile phone number:		Fax ทเ	mber:
UCATION:			
College/Technical Training – Name-Loca	tion Dates A	attended Major	Degree/Certification
LITARY SERVICE BACKGROUND:			
Branch of Service	Dates	of Service: From:	To:
Honorable Discharge? ☐ YES ☐ I	NO Rank a	it Discharge:	
DRK EXPERIENCE: List chronologically be needed)	peginning with pro	esent employment. (Attach	resume or additional sheet of more space
Company name/Location			
		Title	
From To Duties		Title	
Duties Company name/Location		Title	
Duties Company name/Location		Title Title	
From To Duties Company name/Location From To Duties		Title Title	
From To Duties Company name/Location From To Duties Company name/Location		Title Title	

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	What management skills are required to successfully operate the subject business?				
			or third parties.		
			estions and provide additional information where requested. Additional information and details of s must be provided on a separate sheet.		
	□ Yes	□ No	Are any of your personal taxes past due? If yes, please provide details.		
	□ Yes	□ No	Are you involved in any pending lawsuits? If so, please provide details.		
	□ Yes	□ No	Have you ever filed personal bankruptcy? If so, please provide full disclosure and state of discharge.		
	□ Yes	□ No	Are you currently past due on child support payments? If yes, please explain.		
	□ Yes	□ No			
			Are you currently past due on child support payments? If yes, please explain. Have you ever been debarred from doing business with the U.S. Government? If yes, please explain. Do you or your spouse or any member of your household, or anyone who owns, manages, or directs business or their spouses or members of their households work for the Small Business Administration Small Business Advisory Council, SCORE, or ACE, any Federal agency, or United Western Bank? If please provide the name and address of the person and the office where they are employed.		
Sta	□ Yes □ Yes	□ No □ No	Have you ever been debarred from doing business with the U.S. Government? If yes, please explain. Do you or your spouse or any member of your household, or anyone who owns, manages, or directs business or their spouses or members of their households work for the Small Business Administration Small Business Advisory Council, SCORE, or ACE, any Federal agency, or United Western Bank? If		
Sta ana	☐ Yes☐ Yes☐ Yes☐ tistical i	□ No □ No informat	Have you ever been debarred from doing business with the U.S. Government? If yes, please explain. Do you or your spouse or any member of your household, or anyone who owns, manages, or directs business or their spouses or members of their households work for the Small Business Administration Small Business Advisory Council, SCORE, or ACE, any Federal agency, or United Western Bank? If please provide the name and address of the person and the office where they are employed. ion: The following is optional information to aid the Small Business Administration in the ongoing statistical		

Signature Title Date