

**DUTIES OF OWNERS, OFFICERS, DIRECTORS, MANAGERS, AND KEY PERSONNEL**

INSTRUCTIONS: Complete for **ALL** owners and non-owners who do anything listed below for the business. Make enough copies of this form to provide information on each and every applicable person. **Do not leave any questions blank.** Check  the frequency of each person's involvement as follows:

- A = Always**
- F = Frequently**
- S = Seldom**
- N = Never**

|   |   |   |
|---|---|---|
| Name: _____   | Name: _____   | Name: _____   |
| Title: _____  | Title: _____  | Title: _____  |
| Race: _____   | Race: _____   | Race: _____   |
| Percent Owned: _____  | Percent Owned: _____  | Percent Owned: _____  |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Salary: \$ _____  | Salary: \$ _____  | Salary: \$ _____  |
| Other Benefits \$ _____   | Other Benefits \$ _____   | Other Benefits \$ _____   |

|  |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Sets policy on company(direction/scope/financial)    | <input type="checkbox"/> A | <input type="checkbox"/> F | <input type="checkbox"/> S | <input type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> F | <input type="checkbox"/> S | <input type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> F | <input type="checkbox"/> S | <input type="checkbox"/> N |
| Bidding & Estimating                                 | <input type="checkbox"/> A | <input type="checkbox"/> F | <input type="checkbox"/> S | <input type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> F | <input type="checkbox"/> S | <input type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> F | <input type="checkbox"/> S | <input type="checkbox"/> N |
| Major purchasing decisions                           | <input type="checkbox"/> A | <input type="checkbox"/> F | <input type="checkbox"/> S | <input type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> F | <input type="checkbox"/> S | <input type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> F | <input type="checkbox"/> S | <input type="checkbox"/> N |
| Marketing & sales                                    | <input type="checkbox"/> A | <input type="checkbox"/> F | <input type="checkbox"/> S | <input type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> F | <input type="checkbox"/> S | <input type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> F | <input type="checkbox"/> S | <input type="checkbox"/> N |
| Supervises field operations                          | <input type="checkbox"/> A | <input type="checkbox"/> F | <input type="checkbox"/> S | <input type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> F | <input type="checkbox"/> S | <input type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> F | <input type="checkbox"/> S | <input type="checkbox"/> N |
| Office management                                    | <input type="checkbox"/> A | <input type="checkbox"/> F | <input type="checkbox"/> S | <input type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> F | <input type="checkbox"/> S | <input type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> F | <input type="checkbox"/> S | <input type="checkbox"/> N |
| Hires & fires management staff                       | <input type="checkbox"/> A | <input type="checkbox"/> F | <input type="checkbox"/> S | <input type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> F | <input type="checkbox"/> S | <input type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> F | <input type="checkbox"/> S | <input type="checkbox"/> N |
| Designates profits spending or investment            | <input type="checkbox"/> A | <input type="checkbox"/> F | <input type="checkbox"/> S | <input type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> F | <input type="checkbox"/> S | <input type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> F | <input type="checkbox"/> S | <input type="checkbox"/> N |
| Obligates business by contract/credit/bond/insurance | <input type="checkbox"/> A | <input type="checkbox"/> F | <input type="checkbox"/> S | <input type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> F | <input type="checkbox"/> S | <input type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> F | <input type="checkbox"/> S | <input type="checkbox"/> N |
| Signs business checks                                | <input type="checkbox"/> A | <input type="checkbox"/> F | <input type="checkbox"/> S | <input type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> F | <input type="checkbox"/> S | <input type="checkbox"/> N | <input type="checkbox"/> A | <input type="checkbox"/> F | <input type="checkbox"/> S | <input type="checkbox"/> N |

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|---|--|
| Do any of the persons listed above perform a management or supervisory function for any other business? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b><br>If Yes, identify for each:<br><br>Person: _____<br><br>Business: _____<br><br>Title/Function: _____ | Do any of the persons listed above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b><br><br>If Yes, identify for each: Firm Name: _____<br><br>Person: _____<br><br>Nature of Business Relationship: _____ |
|---|--|