

Federal Deposit Insurance Corporation  
**BACKGROUND INVESTIGATION QUESTIONNAIRE FOR CONTRACTORS**

**INSTRUCTIONS:** Complete each item as it applies to your firm. *(Please type or print.)*

**SECTION I - CONTRACTOR INFORMATION**

1. NAME OF CONTRACTOR <i>(Do not use acronyms unless applicable.)</i>		2. FEDERAL TAX ID NUMBER
3. TRADE NAME <i>(If different from contractor name)</i>		
4. TYPE OF BUSINESS		
5. STREET ADDRESS <i>(Include City, State, and ZIP Code)</i>		
6. SOLICITATION/CONTRACT NO. <i>(If applicable)</i>	7. CONTACT NAME	8. TELEPHONE NUMBER

**SECTION II - JOINT VENTURE ENTITIES**

9. NAME OF JOINT VENTURE (1)		10. FEDERAL TAX ID NUMBER
11. STREET ADDRESS <i>(Include City, State, and ZIP Code)</i>		
12. CONTACT NAME		13. TELEPHONE NUMBER
14. NAME OF JOINT VENTURE (2)		15. FEDERAL TAX NUMBER
16. STREET ADDRESS <i>(Include, City, State, and ZIP Code)</i>		
17. CONTACT NAME		18. TELEPHONE NUMBER

Check this box if information on additional entities has been attached to this form.

**SECTION III - CERTIFICATION**

I certify that the information which I have provided on this form, including attachments to this form, is true and correct to the best of my knowledge, information, and belief. I understand that anyone who knowingly or willfully makes false or fraudulent statements of representations in connection with disclosure or certifications herein may be subject to fines and/or imprisonment or both (18 U.S.C. § 1001 and 1007).

**NOTE:** Management official means any shareholder, employee, or partner who controls a company and any individual who directs the day-to-day operations of a company. With respect to a partnership whose management committee or executive committee has responsibility for the day-to-day operations of the partnership, management official means only a member of such committee but, if no such committee exists, management official means each of the general partners. (12 U.S.C. § 366.2(l))

19. NAME OF MANAGEMENT OFFICIAL COMPLETING FORM <i>(Type or print)</i>		20. TITLE
21. SIGNATURE <i>(Sign in Ink)</i>		22. DATE

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### **ESTIMATED REPORTING BURDEN**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Assistant Executive Secretary (Administration), OES, Room F-4001, FDIC, Washington, D.C. 20429; and to the Office of Management and Budget, Paperwork Reduction Project (3064-0072), Washington, D.C. 20503.

### **PRIVACY ACT STATEMENT**

Collection of this information is authorized by the Federal Deposit Insurance Act (12 U.S.C. §§ 1819, 1821, and 1822(f)(3) and (4)), Executive Order 9397, as well as the FDIC regulations at 12 C.F.R. Part 366. The requested information will be used by FDIC personnel to conduct background investigations of contractors seeking to provide services to the FDIC to determine whether the individual meets the FDIC's fitness and integrity standards. Specifically, the information provided may be disclosed to third parties including credit-reporting businesses and state and local licensing agencies as necessary to conduct the background investigation authorized herein.

Disclosure of information on this form may also be made to appropriate Federal or state agencies if a violation or possible violation of a civil or criminal law is apparent; to the General Accounting Office for inspection by auditors; and, to a Congressional office in response to an inquiry made at the request of the individual or in accordance with the other "routine uses of records" listed in the FDIC's Financial Information System 30-64-0012. Your Social Security Number (SSN) is requested to ensure record accuracy. Completion of this form is voluntary, but failure to provide the requested information, including your SSN, may preclude you and your employer from consideration for the award of a particular contract.