



2. Exhibit A - PQL APPLICANT INFORMATION

*** RESPONSE REQUIRED**

PQL Applicant's Local Place of Business*: _____

PQL Applicant's Telephone Number*: _____

PQL Applicant's Email Address*: _____

Is the PQL Applicant an Individual, Partnership, or Corporation?*Input N/A if not applicable.

- Individual
- Partnership
- Corporation
- N/A

Residence of PQL Applicant (President): _____

Name and Address for each Partner: _____

Name and Home Address of President: _____

Name and Home Address of Secretary: _____

Name and Home Address of Treasurer: _____

In the space below, provide the following information for each member of the PQL Applicant's Management and Supervisory Personnel*:

Name	Assigned Responsibility	Background	Years of Experience

In the space below, provide the information for the PQL Applicant's Quality Assurance Organization*

Name of Quality Assurance Organization: _____

Person(s) in charge, name and background: _____

Personnel on staff	Years of Experience

In the space below, provide the information for the PQL Applicant's Safety Organization*:

Name of Safety Organization: _____

Person(s) in charge, name and background: _____

Personnel on staff: _____
