APPLICANT FORM 1 (AF-1)

HAWAII STATE TRADE EXPANSION PROGRAM - COMPANY ASSISTANCE

STATE OF HAWAII

BUSINESS DEVELOPMENT & SUPPORT DIVISION, DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT & TOURISM

RFP-21-01-BDSD

Dennis Ling

Business Development & Support Division

State of Hawaii

250 South Hotel Street, Suite 503

Honolulu, Hawaii 96813

Dear Mr. Ling:

The undersigned has carefully read and understands the terms and conditions specified in the RFP, and in the General Conditions, by reference made a part hereof and available upon request; and hereby submits the following application to perform the work specified herein, all in accordance with the true intent and meaning thereof. The undersigned further understands and agrees that by submitting this application, 1) he/she is declaring his/her application is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, and 2) he/she is certifying that the price(s) submitted was (were) independently arrived at without collusion.

Applicant is:

 ⬜ Sole Proprietor ⬜ Partnership ⬜ \*Corporation ⬜ Joint Venture

 ⬜ Other

 \*State of incorporation:

Hawaii General Excise Tax License I.D. No.

Federal Tax I.D. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment address (other than street address below):

 City, State, Zip Code:

Business address (street address):

 City, State, Zip Code:

 Respectfully submitted:

Date: **(x)**

 Authorized (Original) Signature

Telephone No.:

Fax No.: Name and Title (Please Type or Print)

E-mail Address: \*\*

 **Exact Legal Name of Company (Applicant)**

**\*\***If Applicant is a “dba” or a “division” of a corporation, furnish the exact legal name of the corporation under which the awarded contract will be executed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_