Attachment D

Equal Opportunity Certification

() Yes () No	
Name and address of Federal "Cor	mpliance Agency," if known:
Labor, define the term Complian	the Office of Federal Contract Compliance Programs, U.S. Departm ace Agency as the agency designated by the Director, of CCP, to coake such other responsibilities assigned.")
Are you required to maintain a uni	atten affirmative action plan according to 41 CFR 60-2 and 60-1 (a)(4)
() Yes () No	
Has the "Compliance Agency" re- employment policies and practices	quired you to correct deficiencies in your affirmative action plan or ?
() Yes () No	
A	
Are you required to submit an ann	ual compliance report as described in 41 CFR 60-1.7 (a)?
() Yes () No If the answer to "5" is yes, enclose Data on Subcontractors. (Use supp	ual compliance report as described in 41 CFR 60-1.7 (a)? a copy of your latest compliance report. plementary sheets where required.) (1)* (2)** (3)***
() Yes () No If the answer to "5" is yes, enclose	e a copy of your latest compliance report. plementary sheets where required.)
() Yes () No If the answer to "5" is yes, enclose Data on Subcontractors. (Use suppose) (Subcontractor's Name)	e a copy of your latest compliance report. plementary sheets where required.)
() Yes () No If the answer to "5" is yes, enclose Data on Subcontractors. (Use supplementation of the subcontractor of the supplementation of the supplementat	a copy of your latest compliance report. plementary sheets where required.) (1)* (2)** (3)***
() Yes () No If the answer to "5" is yes, enclose Data on Subcontractors. (Use supplementation of the supplement	a copy of your latest compliance report. plementary sheets where required.) (1)* (2)** (3)*** () Yes () Yes () Yes
() Yes () No If the answer to "5" is yes, enclose Data on Subcontractors. (Use supplementation (Subcontractor's Name)	a copy of your latest compliance report. plementary sheets where required.) (1)* (2)** (3)*** () Yes () Yes () Yes () No () No () No (1)* (2)** (3)***
() Yes () No If the answer to "5" is yes, enclose Data on Subcontractors. (Use supplementation of the supplement	a copy of your latest compliance report. plementary sheets where required.) (1)* (2)** (3)*** () Yes () Yes () Yes () No () No () No
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