



LOUISIANA STATE BOND COMMISSION
APPLICATION - OTHER

SBC018
12-01-12

Instructions: Complete all required fields, which are indicated by *. The PRINT button can be found at the bottom of page 2. To retain an electronic version of the application form, use "Save As" option under File menu on Internet browser toolbar. Once the form is saved, it can only be modified with Adobe Writer. If problems are encountered using form, call (225) 342-0040.

1. Government Unit/Issuer * (including district) [Text Box]

Mailing Address * [Text Box]

Contact Name * [Text Box] Phone Number * [Text Box]

Email Address * [Text Box]

2. Beneficiary * (if different than above) [Text Box]

Mailing Address * [Text Box]

Principal Name * [Text Box] Title * [Text Box]

Contact Name * [Text Box] Phone Number * [Text Box]

Email Address * [Text Box]

Beneficiary Type * [Radio] Government Unit OR Local Political Subdivision Proceed to Item 3
[Radio] Private Entity Proceed to Item 4

3. Municipal / Parish Governing Authority * (if different than Government Unit/Issuer/Beneficiary) [Text Box]

4. Business Type * [Radio] Corporation Type * [Radio] C [Radio] S [Radio] LLC Date of Incorporation * [Text Box]
[Radio] LLP Corporate Registry * [Radio] Foreign [Radio] Domestic If Domestic, State Incorporated [Text Box]
[Radio] Non-Profit
[Radio] Partnership
[Radio] Other (specify) [Text Box]

Registered with Secretary of State to do business in Louisiana [Radio] Yes [Radio] No

5. Attorney / Official Name * [Text Box]

Attorney Firm / Official's Title * [Text Box] Phone Number * [Text Box]

Email Address * [Text Box]

6. Requested SBC Meeting Date * [Text Box]

7. Indicate if this application involves prior SBC approval * [Radio] Yes [Radio] No

If Yes, specify SBC Tracking # * [Text Box] Approval Date * [Text Box]

Submitted by: * [Text Box]

Date Submitted * [Text Box]

