DISCLOSURE OF OWNERSHIP/PRINCIPALS

During F war	na (Diana								
Business Entity Ty Sole	pe (Please select	∠ Limited Liability	ty	Corporation	Trust	Non-Profit		Other	
Proprietorship Business Designat	ion Group (Pleas	Company e select all that ar	nnly)	and .		Organization			
MBE	□WBE	SBE	, pry j	ПРВЕ		□VET		VET	ESB
Minority Business Enterprise	Women-Owned Business Enterprise		ess	Physically Ch Business Ente		Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of Cla	rk County No	evada Reside	nts E	Employed:			64		
Corporate/Busines	s Entity Name:	Firetrucks Unlimi	ted LL	_C					
(Include d.b.a., if a									
Street Address:		1175 Center Poi	Center Point Dr.			/ebsite:www.firetrucks	unlimite	ed.com	
City, State and Zip	Code:	Henderson, NV 89074				OC Name: Brian Reybu mail: brianr@firetr		nlimited.com	
Telephone No:		702-832-0277				ax No: ⁷⁰²⁻⁸³²⁻⁰²⁷⁷			
Nevada Local Stree	et Address:					/ebsite:			
(If different from ab									
City, State and Zip	Code:				L	Local Fax No:			
	Local POC Name:				ocal POC Name:				
Local Telephone N	0:				E	mail:			
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DISCLOSURE OF RELATIONSHIP

List any disclosures below: (Mark N/A, if not applicable.)

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT						
n/a									
 * County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District. "Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage. "To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows: Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree) Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree) 									
For County Use Only:									
If any Disclosure of Relationship is noted above, please complete the following:									
Yes No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item? Yes No Is the County employee(s) noted above involved in any way with the business in performance of the contract?									
Notes/Comments:									
Signature Print Name Authorized Department Representa	tive								