

Return this signed application along with all supporting documentation to:

Military Reuse Zone Program
Arizona Commerce Authority
118 N. 7th Ave., Suite 400 Phoenix,
AZ 85007

Questions can be directed to johnb@azcommerce.com

**Arizona Commerce Authority
MILITARY REUSE ZONE PROGRAM**

**AVIATION OR AEROSPACE COMPANIES
COMPLETION REPORT¹**

Section A. Company Information

Company Name	_____		
Mailing Address	_____	NAICS #	_____
City/State/Zip	_____	FEI Number	_____
Contact Name	_____	Business Phone	_____
Email Address	_____	Business Fax	_____

Section B. Contract Information

Describe the location of the contract work.

Describe major changes to the contract since the Memorandum of Understanding between Commerce and the company was executed? (Use an attachment if more space is needed.)

What is the contract number?	#	_____
In what tax year(s) did the Transaction Privilege Tax exemption occur?		_____
What was the total amount of Transaction Privilege Tax exempted?	\$	_____
Was the final amount of the contract reduced by this amount?	_____ Yes _____ No	
What was the initial contract amount?	\$	_____
What was the final contract amount?	\$	_____
What was the start date of work under the contract?		_____
What was the end date of work under the contract?		_____
Anticipated date aviation/aerospace services or production will begin as a result of the contract?		_____

¹ This report must be filed with the Arizona Commerce Authority within 30 days of completion of work under the contract.



Section C. Investment Information

The company made what investment in fixed assets in the Military Reuse Zone during the year (other than the investment resulting from the contract)?

Buildings/Land	\$ _____
Equipment/Machinery	\$ _____
Total	\$ _____

Section D. Employee Benefits

Did the company offer health insurance benefits to full-time employees during this tax year? Yes No

If Yes, what percentage did the company pay? _____ %

Section E. Military Reuse Zone Program Evaluation

How important a factor was the military reuse zone program in your decision to locate expand or remain in the zone?

_____ Very important
_____ Important
_____ Not important

Affidavit

I, as an officer of the company, certify under penalty of perjury that the information contained herein is true and correct according to my best belief and knowledge after a reasonable investigation of the facts.

Further, I attest the company continues to meet the eligibility requirements and completion of the project resulted in the provision of aviation or aerospace services or manufacturing, assembly or fabrication of aviation or aerospace products under A.R.S. § 41-1532.

Signature of Authorized Company's Officer

Title

Print Name of Officer

Date