

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Alliance Transportation Group, LLC
Austin, TX United States

Certificate Number:
2024-1115085

Date Filed:
01/23/2024

Date Acknowledged:

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Williamson County TX

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

24RFSQ17
Professional Engineering and Planning services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



6 UNSWORN DECLARATION

My name is JD Allen, AICP, WSO-CSSD, TSSP-Rail/Bus, PTSCTP, and my date of birth is [REDACTED].

My address is 11701 Stonehollow Dr. Suite 100, Austin, TX, 78758, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Travis County, State of Texas, on the 23 day of Jan, 2024.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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Alliance Transportation Group, LLC
Austin, TX United States

Certificate Number:
2024-1115085

Date Filed:
01/23/2024

Date Acknowledged:
03/12/2024

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Williamson County TX

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24RFSQ17
Professional Engineering and Planning services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)