



UAS Program Participant Form

Name of firm or company: _____

Contact details:

Mail address: _____

Phone _____

Email address _____

URL _____

Business type _____

Areas of expertise (please indicate subcontracted activities): _____

Scope of activities in the required area _____

Locations of operation (please indicate the activities carried out at each location – city, canton) _____

Please describe some example products _____

Formal qualifications _____