

Return this signed report along with all supporting documentation to:

Military Reuse Zone Program  
Arizona Commerce Authority  
333 North Central Avenue, Suite 1900  
Phoenix, AZ 85004

Questions can be directed to  
[cindyg@azcommerce.com](mailto:cindyg@azcommerce.com)

**Arizona Commerce Authority  
MILITARY REUSE ZONE PROGRAM**

**AIRPORT AUTHORITY COMPLETION REPORT<sup>1</sup>**

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**Section A. Airport Authority Information**

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

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**Section B. Contract Information**

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Describe the location of the contract work.

\_\_\_\_\_

Describe major changes to the contract since the Memorandum of Understanding between Commerce and the Airport Authority 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?		_____

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



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**Section C. Investment Information**

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The Airport Authority 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	\$ _____

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**Section D. Employee Benefits**

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Did the Airport Authority offer health insurance benefits to full-time employees during this tax year? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, what percentage did the Airport Authority pay? \_\_\_\_\_ %

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**Section E. Military Reuse Zone Program Evaluation**

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

\_\_\_\_\_ Very important

\_\_\_\_\_ Important

\_\_\_\_\_ Not important

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**Affidavit**

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I, as an officer of the airport authority, 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 airport authority continues to meet the eligibility requirements of A.R.S. § 41-1532 and agree to submit a MRZ Annual Report every year the airport authority is eligible for benefits.

\_\_\_\_\_  
Signature of Authorized Authority's Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name of Officer

\_\_\_\_\_  
Date

