



## SUBCONTRACTOR/SUPPLIER FORM

### BUSINESS INFORMATION

Legal Company Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Main Fax: \_\_\_\_\_

Website Address: \_\_\_\_\_

Address #1 (Physical Street Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address #2 (Mailing Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Company Type:  Corporation  Partnership  LLC  Individual

DBA  Joint Venture  Sole Proprietor

Status:  Union  Non-Union

Current # of Full-time Employees: \_\_\_\_\_ Employer Identification No.: \_\_\_\_\_

Years in Business under present name: \_\_\_\_\_

Previous Business name if less than five (5) years: \_\_\_\_\_

List of all applicable State Contractors License Numbers: \_\_\_\_\_

\_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

List of Officers' Names and Title: \_\_\_\_\_

\_\_\_\_\_

Date of Partnership Organization: \_\_\_\_\_ Type of Partnership: \_\_\_\_\_

Names of General Partners: \_\_\_\_\_

Date of Individual Organization: \_\_\_\_\_ Name of Owner: \_\_\_\_\_

All other Organizations-provide type of organization and list the principals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Minority Certification Status:       N/A       Self       Public       Private

City(ies): \_\_\_\_\_

State(s): \_\_\_\_\_

County(ies): \_\_\_\_\_

Willingness to hire Section 3 Residents:       Yes       No

Check all that apply to your area of interest:

Division 01 — General Requirements

Division 02 — Site Construction

Division 03 — Concrete

Division 04 — Masonry(concrete block)

Division 05 — Metals(beams)

Division 06 — Wood and Plastics

Division 07 — Thermal and Moisture Protection

Division 08 — Doors and Windows

Division 09 — Finishes

Division 10 — Specialties

Division 11 — Equipment

Division 12 — Furnishings

Division 13 — Special Construction

Division 14 — Conveying Systems

Division 15 — Plumbing & Mechanical

Division 16 — Electrical

Other: \_\_\_\_\_

\_\_\_\_\_  
The undersigned certifies that the information provided herein is true and sufficiently complete so as to not be misleading.

Completed by: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_