



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: _____