**Please complete form in its entirety and return to the above referenced location.**

| **Firm Information** |
| --- |
| Name: |  |
| Address: |  |
|  |  |
| City/State/Zip: |  |
| Telephone: |  |  |
| Fax: |  | Federal Tax ID #  |  |
| Email: |  | Dun & Bradstreet #  |  |
| Website: |  |  |
| Contact Name: |  |  |
| President: |  |  |
| Business Type | (\_) Corporation ( ) Individual ( ) Other: |  |

Is your Company:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 🞏 MBE  | 🞏 WBE | 🞏 DBE  | MBE/WBE/DBE Certified by: |  |

| **Firm History** |
| --- |
| Years in business: |  | Type of Work: |  |
| Does your firm have internet access: |  |
| Able to download drawings via the internet: |  |
| Geographic area(s) of operation: |  |
|  |  |
| Percentage of work performed by own forces: |  |
| Total permanent staff: |  | Average field forces: |  |
| Bidding range: | Minimum  |  | Maximum |  |
| Total bonding capacity: |   |
| Value of work presently bonded: |  |
| Bond rate: |  |
| Work under contract: |  |
| Annual sales last 3 years: |  | /20  |  | /20  |  | /20  |

| **Bonding Information** |
| --- |
| Bonding Company: |  |
| Agent: |  |
| Contact Name: |  |
| Telephone #: |  |
| Bank: |  |
| Bank Name: |  |
| Contact Name: |  |
| Telephone #: |  |
| Has firm ever failed to complete a contract? |  |
| If yes, please explain |  |
|  |  |
|  |  |
| Has firm ever filed bankruptcy? |  |
| If yes, please explain |  |
|  |  |
|  |  |
| EMR Rating last 3 years: |  | /20  |  | /20\_\_\_ |  | /20  |

| **Experience – Current or Completed Projects** |
| --- |
| Project Name: |  |
| Location: |  |
| Owner: |  |
| Contact Name: |  | Telephone #: |  |
| General Contractor: |  |
| Contact Name: |  | Telephone #: |  |
| Contract Amount: |  | Percentage Complete: |  |
| Type of Work: |  |
| Completion Date: |  |
| Project Name: |  |
| Location: |  |
| Owner: |  |
| Contact Name: |  | Telephone #: |  |
| General Contractor: |  |
| Contact Name: |  | Telephone #: | ( |
| Contract Amount: |  | Percentage Complete: |  |
| Type of Work: |  |
| Completion Date: |  |
|  |  |
| Project Name: |  |
| Location: |  |
| Owner: |  |
| Contact Name: |  | Telephone #: |  |
| General Contractor: |  |
| Contact Name: |  | Telephone #: |  |
| Contract Amount: |  | Percentage Complete: |  |
| Type of Work: |  |
| Completion Date: |  |
|  |  |

**I attest that, to the best of my knowledge, the information contained herein is accurate.**

**Firm Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By:** .

 *Authorized Signature*

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Date:** \_\_\_\_\_\_\_