



## SUBCONTRACTOR/SUPPLIER INFORMATION

Please complete the below information. Incomplete information may result in your company being excluded from bid solicitation for projects as this information is required to determine eligibility and for entry into our estimating contact data base. **Please type or print clearly.**

If you need assistance, please contact Haley Jackson at 757-873-6869 or by sending an e-mail to the e-mail address provided.

**E-MAIL INFORMATION TO:** \_\_\_\_\_ **OR FAX TO THE ATTENTION OF** Haley Jackson **AT 757-873-7630**

<b>COMPANY NAME:</b> _____	<b>FEDERAL TAX ID NO.</b> _____ <small>(9 characters i.e. 99-9999999)</small>
<b>NUMBER OF EMPLOYEES:</b> _____	<b>CONTRACTOR'S LICENSE: STATE</b> _____ <b>CLASS</b> _____ <b>NO.</b> _____

### SERVICES PROVIDED BY YOUR COMPANY

**SPECIFICATION SECTION:** \_\_\_\_\_  
(Please provide the CSI Specification No. that primarily applies to your services)

**DESCRIPTON OF SERVICES PROVIDED:** \_\_\_\_\_

**SERVICE TYPE:**  ARCHITECT    DESIGN CONSULTANT    ENGINEER    CONSTRUCTION MANAGEMENT  
(Check one)    GENERAL CONTRACTOR    SUBCONTRACTOR    SUPPLIER    OTHER \_\_\_\_\_

### CONTACT INFORMATION

<b>ESTIMATING CONTACT NAME:</b> _____			<b>TITLE:</b> _____		
<small>(Person Invitation to Bid to be sent to)</small>					
First	MI	Last	Suffix		
<b>PHONE NO.'S:</b> _____			<b>E-MAIL ADDRESS:</b> _____		
<small>(Include area code)</small>					
Office	Fax	Cell			
<b>PRIMARY CONTACT NAME:</b> _____			<b>TITLE:</b> _____		
<small>(Person Invitation to Bid to be sent to)</small>					
First	MI	Last	Suffix		
<b>PHONE NO.'S:</b> _____			<b>E-MAIL ADDRESS:</b> _____		
<small>(Include area code)</small>					
Office	Fax	Cell			
<b>MAILING ADDRESS:</b> _____					
P.O. Box, Street Name, No., etc.		Suite, Dept, etc.	City	State	Zip Code
<b>PHYSICAL ADDRESS:</b> _____					
<small>(If different from mailing)</small>					
Street Name, No., etc.		Suite, Dept, etc.	City	State	Zip Code

### BUSINESS CLASSIFICATIONS

**Please check all below that apply. If none apply, check here**

DBE    MBE    WBE    HUB (HubZone)    SMALL    SMALL DISADVANTAGED    MINORITY OWNED  
 VETERAN OWNED    SERVICE DISABLED VETERAN-OWNED    WOMAN OWNED    OTHER: \_\_\_\_\_

IF YOU ARE A SMALL, WOMAN OWNED, OR MINORITY BUSINESS CERTIFIED BY THE STATE, PLEASE PROVIDE

**STATE ABBREVIATION:** \_\_\_\_\_ **STATE CERTIFICATION NO.:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

IF YOU HAVE A FEDERAL CERTIFICATION FOR ONE OF THE ABOVE, PLEASE PROVIDE

**FEDERAL CERTIFICATION NO.:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

### CERTIFICATION OF INFORMATION

**By signing this form, I certify under penalty of perjury that the information provided is true to the best of my ability.**

<small>Printed Name</small>	<small>Signature</small>	<small>Title</small>	<small>Date</small>