

Contact Information:

Company Name: _____
Primary Business Contact: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Web Address: _____ Email: _____

Profile Information:

Trade(s) Performed: _____
Geographic Region(s) Serviced: _____
Structure Type(s) Preferred:
 Commercial Residential Industrial Government Transportation Religious
 Hospitality Education Retail Military Healthcare Utilities
 Other(s): _____

Work Type(s) Preferred: New Alterations/Rehabilitations Interior Fit-Ups
Typical Project \$ Size: _____ Annual \$ Volume of Work: _____
Years in Business: _____ # of Employees: _____ Labor Affiliation: Union Non-Union Prevailing Wage
Business Certifications: *(Attach documentation from any local, state or federal agency that has certified your company.)*
 Minority Business Enterprise (MBE) Disadvantaged Business Enterprise (DBE)
 Woman Business Enterprise (WBE) Local Business Enterprise (LBE)
 Small Business Enterprise (SBE) Veterans Business Enterprise (VBE)
 Other: _____ Disabled Veterans Business Enterprise (DVBE)

Manufacturer Certifications: _____

Trade Association and/or Organizations: _____

Projects Recently Completed (List 2):

Project Title: _____ Location: _____
Trade(s) Performed: _____
Contract Amount: _____ Date Completed: _____
Owner/CM/GC: _____

Project Title: _____ Location: _____
Trade(s) Performed: _____
Contract Amount: _____ Date Completed: _____
Owner/CM/GC: _____

Form completed by: _____ Title: _____
(Please Print)

Signature: _____ Date: _____