



# Subcontractor/Supplier Information Request

## Company Information

Full Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

This address is the:  Main Office  Regional Office  Branch Office

Contractor's License Number: \_\_\_\_\_

L&I Number: \_\_\_\_\_

Federal Tax ID No.: \_\_\_\_\_

UBI No.: \_\_\_\_\_

NAICS Code: \_\_\_\_\_

DUNS #: \_\_\_\_\_

Scopes of Work Performed: \_\_\_\_\_

Large Business Concern

Small Business Concern

Is your company:  Incorporated  Single Proprietor  Partnership

*If incorporated:*

Corporate Officer: \_\_\_\_\_

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

Corporate Officer: \_\_\_\_\_

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

Corporate Officer: \_\_\_\_\_

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

*If single proprietor or partnership:*

Owner/Partner Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Owner/Partner Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

## Federal Certified:

- HubZone Certified
- 8(a) Small Business Certified
- Economically Disadvantaged Woman Certified

## State Certified:

- MWBE
- WBE
- MBE

## Federal Self-Certified (CCR & ORCA):

- Women-Owned Business Self-Certified
- Minority-Owned Self-Certified
- Veteran Small Business Self-Certified

- Service-Disabled Veteran Business Self-Certified
- Small Disadvantaged Business Self-Certified
- Native American Self-Certified

## Financial Information:

Name of Bonding Agency: \_\_\_\_\_

Bonding Limit: \_\_\_\_\_

Bond Rate: \_\_\_\_\_

Annual sales volume each of the last three years:

Year: \_\_\_\_\_ Volume: \_\_\_\_\_

Year: \_\_\_\_\_ Volume: \_\_\_\_\_

Year: \_\_\_\_\_ Volume: \_\_\_\_\_

Top three largest projects:



Project Name	Contract Value	Year Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____

List craft union contracts and/or labor agreements to which you are signatory:

Name of Union/Agreement	Expiration Date
_____	_____
_____	_____
_____	_____

**Client/Contractor References:**

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

Street Address: \_\_\_\_\_

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

Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

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

Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Safety**

List your company's Experience Modification Ratio (EMR) and Recordable Incidence Rate (RIR) for the last three years.

EMR	Year	RIR	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*RIR = (Number of recordable injuries/illnesses x 200,000) / Total man hours for the given year