



# Subcontractor/Supplier SmartBid Registration Form

## 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 TaxID No.: \_\_\_\_\_

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

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

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

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

Is your company:     Incorporated     Single Proprietor     Partnership  
                           Large Business Concern                            Small Business Concern

### Federal Certified:

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

### State Certified:

### Certification No.

- MWBE \_\_\_\_\_
- WBE \_\_\_\_\_
- MBE \_\_\_\_\_
- DBE \_\_\_\_\_
- SBE \_\_\_\_\_

### Self-Certified: \*

- 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

\*Must meet both State and or Federal requirements: <https://omwbe.wa.gov> or <https://www.sba.gov>

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

Please return completed form to Absher's Estimator Coordinator Reb Slater at [Reb.Slater@Absherco.com](mailto:Reb.Slater@Absherco.com).