



NOTES:

2019 SUBCONTRACTOR SUPPLIER INFORMATION FORM

Date: _____

Contact Information		
Company:		
Contact Name:	County:	
Physical Address:		
City:	State:	Zip:
Mailing Address:		
City:	State:	Zip:
Contact Phone 1:	Contact Phone 2:	Fax:
E-mail Address:	Company Website:	

Company Background	
Nature of product supplied/services performed:	
Geographic areas willing to work: <input type="checkbox"/> Entire NE <input type="checkbox"/> Entire SE <input type="checkbox"/> Entire NW <input type="checkbox"/> Entire MW <input type="checkbox"/> Entire US <input type="checkbox"/> Other:	Additional States:
Social Economic Status: (Check appropriate box(es), and if applicable list SBA Certificate Number and if a Minority Owned business, please list national origin)	
<input checked="" type="checkbox"/> Small Disadvantaged <input checked="" type="checkbox"/> Hub zone Small <input checked="" type="checkbox"/> Woman Owned Small Business	<input type="checkbox"/> Veteran Owned Small Business <input type="checkbox"/> Service Disabled Vet. Owned Small Business <input type="checkbox"/> Large Business <input type="checkbox"/> Other
Certificate Number: (List all Cert. #'s)	
Principal Name:	
Do you use lease employees, direct hire, or both?	
Number of Employees:	Years in Business:
D&B Number:	