

**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:

- |  |                                      |                                     |                                     |   |                                    |
|--|--------------------------------------|-------------------------------------|-------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Commercial      | <input type="checkbox"/> Residential | <input type="checkbox"/> Industrial | <input type="checkbox"/> Government | <input type="checkbox"/> Transportation | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Hospitality     | <input type="checkbox"/> Education   | <input type="checkbox"/> Retail     | <input type="checkbox"/> Military   | <input type="checkbox"/> Healthcare     | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> 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.)*

- |   |  |
|---|--|
| <input type="checkbox"/> Minority Business Enterprise (MBE) | <input type="checkbox"/> Disadvantaged Business Enterprise (DBE) |
| <input type="checkbox"/> Woman Business Enterprise (WBE)    | <input type="checkbox"/> Local Business Enterprise (LBE)         |
| <input type="checkbox"/> Small Business Enterprise (SBE)    | <input type="checkbox"/> Veterans Business Enterprise (VBE)      |
| <input type="checkbox"/> Other: _____                       |  |

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: \_\_\_\_\_