

1. GENERAL INFORMATION

Company Name: _____ Year Established: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Phone: _____
 Fax: _____ Company Email: _____
 Federal Tax ID #: _____ D & B #: _____ License #: _____

Supplier
 Service Provider
 Manufacturer
 Other

2. CONTACT INFORMATION

Primary Contact: _____ Title: _____
 Email: _____ Phone: _____

 Sales/Account Contact: _____ Title: _____
 Email: _____ Phone: _____

 Accounting Contact: _____ Title: _____
 Email: _____ Phone: _____

3. CERTIFICATION DESIGNATION (Please Forward A Copy Of Certification)

Small Business Enterprise
 Women-Owned Business Enterprise
 Minority Business Enterprise
 Small Disabled Veteran Business Enterprise or Veteran Business Enterprise
 Other _____

4. SAFETY

Does your firm have any pending judgements, claims, or suits? Yes No
 If Yes, please explain: _____

 Any insurance claims or losses within the last five years? Yes No
 If Yes, please explain: _____

5. Core Offerings (Check all that apply)

- Building Materials*
- Equipment Rental / Sales*
- Logistics & Transportation*
- Facility Maintenance*
- IT / Technology Solutions*
- Professional Consulting*
- Custom Fabrication*
- Other:* _____

Industries Served: _____

Typical Subcontracting %: _____

Trades/Services Performed Directly: _____

6. CAPACITY

Preferred Contract Size: _____

Annual Capacity (\$): Total _____ Min _____ Max _____

Gross Receipts (last 3 years):

2022 \$ _____ 2023 \$ _____ 2024 \$ _____

Insurance Coverage (attach certificate):

Provider: _____ Agent: _____

General Liability: \$ _____ Excess Liability: \$ _____

Bonding: No Yes — Surety: _____ Single Limit: \$ _____ Aggregate: \$ _____

CONTRACT REFERENCES: *Provide your three most recent vendor contracts or major supply agreements:*

Year	Project Name/Location	Project Owner/Agency	Type of Work	Contract Amount	Contact Name & Phone #

Prepared By _____ Date _____

Title _____

For internal

Tameer Staff:

Reviewed By _____ Date _____

Title _____

Notes: _____
