

# SUBCONTRACTOR VENDOR REGISTRATION FORM

Register as a new subcontractor with our company.

We are always looking for reliable and reputable subcontractors to help us complete projects.

## TRADE CATEGORY

Define the type of contractor work your company performs. If you are a vendor please detail what you supply.

## COMPANY NAME

## CONTACT

NAME		TITLE
ADDRESS		
PHONE	FAX	EMAIL
SUBCONTRACTOR LICENCE NO. if applicable		WEBSITE

## SCOPE OF WORK YOUR COMPANY PERFORMS

SUPPLIER REFERENCES

<b>COMPANY 1</b>			<b>CONTACT NAME</b>
<b>ADDRESS</b>			
<b>PHONE</b>	<b>FAX</b>	<b>EMAIL</b>	
<b>COMPANY 2</b>			<b>CONTACT NAME</b>
<b>ADDRESS</b>			
<b>PHONE</b>	<b>FAX</b>	<b>EMAIL</b>	
<b>COMPANY 3</b>			<b>CONTACT NAME</b>
<b>ADDRESS</b>			
<b>PHONE</b>	<b>FAX</b>	<b>EMAIL</b>	

BANK REFERENCE

<b>COMPANY 1</b>			<b>CONTACT NAME</b>
<b>ADDRESS</b>			
<b>PHONE</b>	<b>FAX</b>	<b>EMAIL</b>	

INSURANCE COVERAGE INFORMATION

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## ORGANIZATION

NUMBER OF YEARS IN BUSINESS	
CLASSIFICATION / CERTIFICATION	
APPROXIMATE ANNUAL SALES VOLUME	
UNION AFFILIATIONS	
Please list any serious OSHA violations that your business may have received during the last 3 years.	
Please list the Cities and/or States that your company performs work in.	
Please describe in detail your company's market expertise.	

## COMPANY CONTACTS

Please provide additional contacts within your company you wish to have added to our database.

CONTACT NAME 1		TITLE
PHONE	FAX	EMAIL
CONTACT NAME 2		TITLE
PHONE	FAX	EMAIL
CONTACT NAME 3		TITLE
PHONE	FAX	EMAIL

**ADDITIONAL INFORMATION**

Please provide any additional information you find pertinent to convey.

**CERTIFICATION**

I hereby affirm that all information supplied is true and accurate to the best of my knowledge and belief, and I understand that this information will be considered material in the evaluation of quotations, bids, and proposals. Notice must be given of any change in status impacting the information provided within ten (10) days of said change.

<b>NAME</b>	<b>TITLE</b>
<b>SIGNATURE</b>	<b>DATE</b>

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