Company Information Sheet

Company information must submitted each January and whenever changes occur

Company Name: _____
(include suffix as part of Company Name as well as any DBA business names if applicable)

List all bona fide owners and percentage of Company owned:
_____

Number of Years in Existence: _____ Number of Employees in Company: _____

Phone Number: _____ Fax Number: _____

Physical Address	**Mailing Address** *or check if same as physical ( )*

FEIN: _____ NHES Reporting Number: _____

Annual Gross Income: ☐ $1 - $100,000 ☐$100,001 - $500,000 ☐$500,001 - $1,000,000
☐$1,000,001- $5,000,000 ☐$5,000,000 - $10,000,000 ☐ Over $10,000,000

Designate two individuals to be contacted for compliance related matters, including subcontracting:

1) _____ _____
Name & Title Email Address

2) _____ _____
Name & Title Email Address

Note: Those named above will receive emailed OFC Field Audit Reports if participating in federally-aided work

Payroll Contact: _____
Name, Title E-mail address

EEO Officer: _____
Name, Title E-mail address

CERTIFICATION:

I hereby certify the information provided has been examined by me, and to the best of my knowledge and belief is true and correct. I further certify that I am authorized to sign on behalf of the Company.

_____ _____
Signature Printed Name &Title Date