# Company Information Sheet

**Company information must be updated every January as a minimum (or whenever changes occur)**

Company Name _____ # Years in Existence: _____

List All Bona Fide Owners & What Percentage of the Company They Own: _____

_____

Company physical address: Company mailing address: same as physical ( )

_____ _____

_____ _____

_____ _____

Phone (voice): _____ (fax): _____ Federal ID # _____

Annual Gross Income ( ) Under - $100,000 ( ) $100,001 - $500,000 ( ) $500,001 - $1,000,000
**(FHWA Requirement)** ( )$1,000,001- $5,000,000 ( ) $5,000,000 - $10,000,000 ( ) over $10,000,000

**IMPORTANT**: Please designate 2 individuals to receive copies of emailed OFC Field Audit Reports:

Primary: _____ _____
Printed Name & Title Email Address

Alternate: _____ _____
Printed Name & Title Email Address

Number of Employees in Company: _____ NHES Reporting ID #: _____

Work Week Begins On: _____ Work Week Ends On: _____
Day of Week Day of Week

When is pay day (day of week): _____ ☐ Workers are paid weekly (check)

Payroll Contact: _____
Name, Title & E-mail address

Subcontractor Approval Contact: _____
Name, Title & E-mail address

**PAYMENT OF WAGES ON WEEKLY BASIS CERTIFICATION (Davis Bacon/Form FHWA 1273):**
I hereby certify employees are paid wages on a weekly basis.

_____ _____
Signature / Title Date