

Company Information Sheet

*Company information must be submitted each January and whenever changes occur ~ *All fields required

Company Name: _____

DBA (if applicable): _____

Affiliates or Subsidiaries: _____

Type: Corporation Individual LLC

Disadvantaged Business Enterprise (DBE): YES NO

DBE Type: WOMAN-OWNED MINORITY-OWNED (Female) MINORITY-OWNED (Male) OTHER
(Explain): _____

List all bona fide owners and percentage of Company owned:

_____	Percentage _____
_____	Percentage _____

Has your company been known by any other name in the last 3 years: Yes No

What was the name of that company: _____

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

Phone Number: _____ Fax Number: _____ Website: _____

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 \$5,000,001 - \$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 _____